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ABSTRACT

This curriculum guide encourages students to learn behaviors that will reduce the potential for Human Immunodeficiency Virus (HIV) infection when confronted with choices at a later age. The curriculum is designed for integration within a comprehensive program of school health education (in grades 6-8, lessons on communicable disease, including HIV, can interface with language arts, mathematics, vocational education, social studies, and life science units) and offers opportunities for students to practice sequential, age-appropriate decision-making skills. In addition to classroom lessons and the concomitant teacher resources and worksheets, the guide offers information for all school personnel as well as for classroom teachers; provides a historical perspective and other facts on HIV/AIDS; presents the rationale for HIV prevention education; discusses classroom strategies; and provides guidelines for ensuring appropriateness and efficacy for diverse student populations. Appendices include a glossary of terms, additional resources on HIV/AIDS and other communicable diseases, guidelines for effective HIV education, discussions of legal issues and policy development, universal precautions, illustrations for transparencies, and listings to teacher resources which contain approximately 100 references to print materials, 50 to video sources, and 50 to national and Texas organizations. (LL)

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Education for Self-Responsibility III:

Prevention of HIV/AIDS and Other Communicable Diseases

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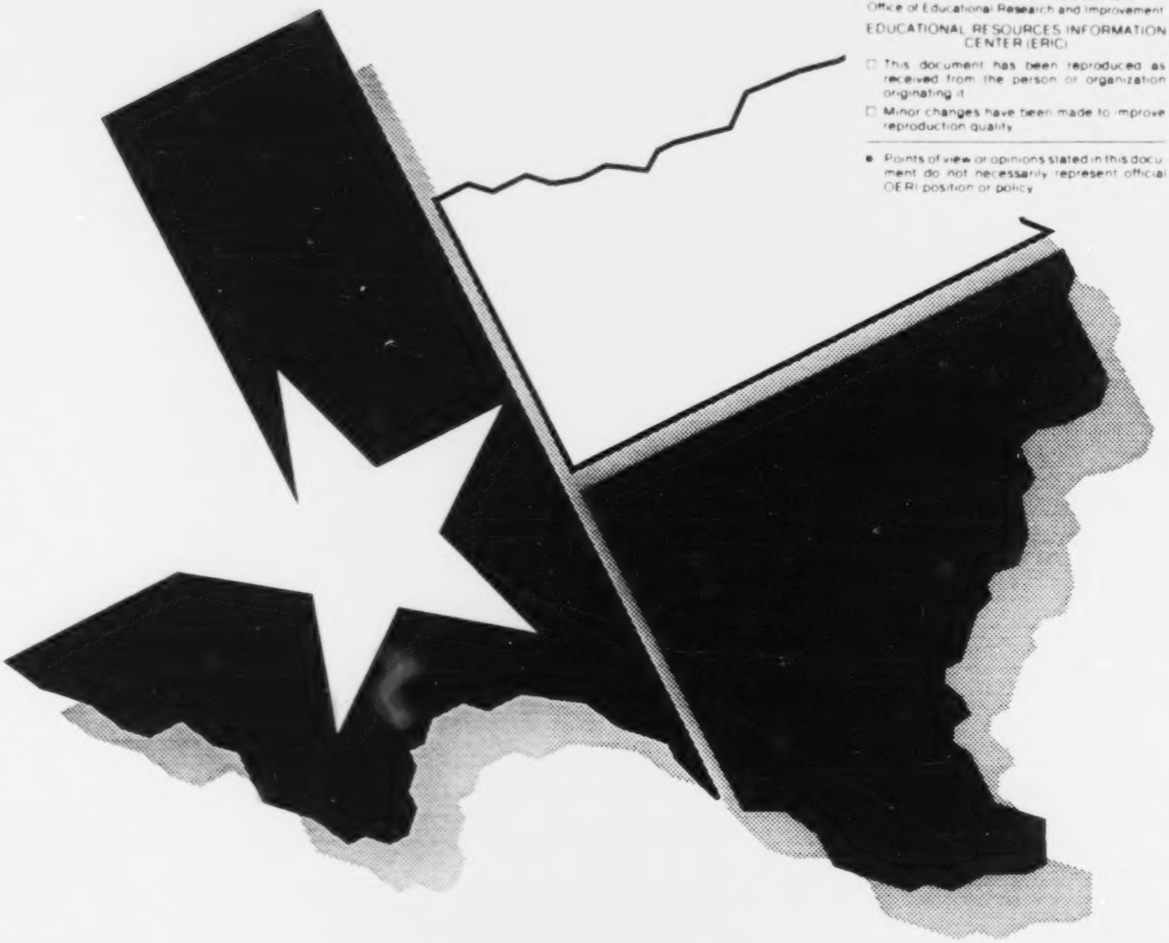

Curriculum Guide

Grades 6-8

Texas Education Agency/Austin, Texas

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Education for Self–Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases

Grades 6-8

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Texas Education Agency
1701 North Congress Avenue
Austin, TX 78701

Texas Education Agency

This publication was developed under the direction of Agency staff members in the Office of the Associate Commissioner for Curriculum and Assessment.

Commissioner of Education	Lionel R. Meno
Associate Commissioner for Curriculum and Assessment	Marvin Veselka
Senior Director of Curriculum Development	Leroy F. Psencik
Director of Programs Comprehensive School Health	Sunny Thomas-Allcorn
Program Director HIV Education Program	MaryAnn Ricketson
Education Specialist HIV Education Program	Tommy Fleming

Editor, Division of Curriculum Development	Pat Folmar Robinson

This curriculum guide was developed by the Texas Education Agency under a cooperative agreement with the Division of Adolescent School Health, Centers for Disease Control.

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Contributing Writers

Angie Rose
Diane McGowan

Curriculum Review Committee

Sandy Allen
Northeast ISD

Molly Berger
Region IV Education Service Center

Sue Bradshaw
Alvin ISD

Carolyn Christian
Texas Department of Health

Clara Contreras
Region I Education Service Center

Jill DeVillier
Cypress-Fairbanks ISD

Mattye Glass
Houston ISD

Rosemary Hanicak
Texas Department of Health

Catherine Harris
Region XVIII Education Service Center

Robert W. Huie
Texas Regional AIDS Interfaith Network

Cora LaGrone
Region XVI Education Service Center

Jim Lang
Silsbee ISD

Sylvia Ostos
Texas Congress of Parents and Teachers

Barbara Pearce
Georgetown ISD

Carol Peterson
Pflugerville ISD

Katy Pruitt
Bryan ISD

Roger Rodriquez
San Antonio ISD

Kim Schenck
Texas Network of Youth Services

Phyllis Simpson
Dallas ISD

Mary Sowder
Worker's Assistance Program

Polly Stringfield
Fort Worth ISD

Beth Thompson
Texas Department of Health

Edward P. Tyson
Adj. Asst. Professor/UT at Austin

John Williams
Brazosport ISD

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The HIV Education Program

EDUCATION FOR SELF-RESPONSIBILITY

In the United States, the first cases of acquired immunodeficiency syndrome (AIDS) were reported in 1981. Since that time, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related conditions has precipitated an epidemic unprecedented in modern history. At the present time, no vaccines or cures have been developed for HIV/AIDS.

HIV is transmitted almost exclusively by behaviors that individuals can modify. (**See Figure 1.**) Therefore, educational programs that influence relevant behaviors are critical to prevent the spread of HIV. *Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases (ESR III)* is designed to encourage Texas students to make behavioral choices that will prevent infection with HIV and other communicable diseases and will enhance total wellness. In *ESR III*, students practice sequential, age-appropriate decision-making skills throughout the entire curriculum, prekindergarten-Grade 12. The foundational skills learned early in the curriculum will be valuable when students are confronted by behavioral choices at a later age.

The *ESR* Series of Publications

ESR III is one in a series of publications developed by the Texas Education Agency in response to the State Board of Education plan to reduce the number of students leaving school before graduation. The first *ESR* document was a framework addressing the prevention of school-age pregnancy in 1987. Also available to schools are *Education for Self-Responsibility II: Prevention of Drug Use (ESR II)* and *Education for Self Responsibility IV: Nutrition Education (ESR IV)*.

The classroom materials in the *ESR* series are supplemental. They correlate with the Texas essential elements of instruction and cover most subject areas prekindergarten—Grade 12. School district personnel may want to instruct staff to plan how these materials can be used to the optimum benefit of students. For example, because HIV infection is a disease with many social and political ramifications, it is therefore an appropriate topic for a variety of subjects and courses. Incorporating HIV materials into the context of other issues may also diffuse some of the fear surrounding the HIV epidemic.

1991

OUT OF

100

TEXAS HIGH SCHOOL STUDENTS:

•	72	had sexual intercourse
•	20	had multiple sexual partners
•	81	used alcohol
•	40	used illicit drugs
•	16	contracted a STD
•	25	suffered in poverty
•	22	dropped out of school
•	8	became pregnant

These behaviors put students at risk for HIV/AIDS

- __?__ were infected by HIV

Figure 1

ESR III

Education for Self-Responsibility III is a four-volume curriculum guide dedicated to increasing the number of schools that offer effective HIV education, which is designed to reduce the potential for HIV infection. The effectiveness of HIV education in schools will be enhanced to the extent to which it is integrated within a comprehensive program of school health education. That integration will help establish a foundation for understanding relationships between personal behaviors and health—that is, within an organized, sequential program of comprehensive school health education from prekindergarten through twelfth grade. This will, in turn, help students at each grade level obtain the knowledge, skills, and support they may need to avoid preventable health problems and to promote healthy life-styles.

In elementary school, lessons on communicable disease including HIV can be incorporated during units on germs, diseases, body systems, healthy life style, good citizenship, and personal responsibilities. In middle school, language arts, mathematics, vocational education, social studies, life science, and health have units that interface with HIV education. High school studies in health, English, vocational educational, fine arts, science, language arts, and various social studies can be expanded or reinforced with HIV concepts. Skills in mathematics, English language arts, and fine arts in all grade levels can be strengthened through the information offered in *ESR III*.

ESR III is packaged in loose-leaf sets for PK-3; Grades 4-6; middle school or junior high Grades 6, 7, and 8; and high school grades. Local school staffs can easily access those lessons relevant to their particular subject areas and/or grade levels.

ESR III, in addition to classroom lessons and the concomitant teacher resources and worksheets, offers valuable information for all school personnel as well as for classroom teachers. The following sections provide a historical perspective and other facts on HIV/AIDS, the rationale for HIV prevention education, a discussion of classroom strategies, and guidelines for ensuring appropriateness and efficacy for the diverse populations in Texas schools.

The Appendices include a glossary of terms, additional resources on HIV/AIDS and other communicable diseases, Texas Department of Health information, legal guidelines dealing with HIV in the schools, a bibliography, and an audiovisuals list.

Home and School Partnership

Home and school partnerships are essential to helping students develop the knowledge, skills, and attitudes to ensure good health. Sample parent letters are included in the Appendices for each level, and various classroom activities offer strategies to increase parent and student communication. Schools may want to encourage parents to be involved in planning the implementation of the curriculum or, at a minimum, to provide opportunities for parents to view the materials. See Appendix F for a school district action plan that includes parents.

Parent Involvement

Home and school involvement will enhance the knowledge, skills, and attitudes that students can develop to ensure total wellness and responsible decision making. Parents are the first teachers of children, and home is the value base of the student. In addition, parents will be more supportive of programs that are open and encouraging of parent involvement. Parents want to know what schools are teaching and who are the staff persons teaching the programs. This is especially true in topic areas such as HIV education that are controversial.

Ways to encourage parent involvement in HIV education include:

- involving representative parents on the program planning committees
- offering a presentation that showcases the program, introduces the teachers who have been trained, and gives parents opportunities to ask questions
- informing parents about the school administrator who has responsibility for the program and referring all questions or inquiries to him or her
- providing in-school opportunities for parents to review the curriculum
- including parents with related professions in classroom presentations
- asking a qualified parent to be the liaison to parents who have questions or who disapprove of the program
- informing parents by letter when specific components are offered (see samples of letters in Appendix H)
- giving parents the option of teaching HIV prevention materials to their own children with the understanding that they will be tested with other students
- using *ESR III* materials that are assigned to encourage parent and student communication
- asking parents of special needs students to assist in adapting the program
- asking representative parents to be part of program evaluation

Community Involvement

Community involvement efforts in HIV education may include all the groups that have the influence, knowledge/skills, and interests to impact and profit from the schools' programs. Representatives of these groups could be involved in initial program planning. Groups such as social service agencies, hospitals and clinics, health service providers, health professionals, religious institutions, institutions of higher education, service clubs, youth-serving organizations, sports groups, law enforcement entities, recreation centers, business and professional groups, and others may be options and may have persons who are interested.

These groups may also provide additional funding, especially if they helped identify the need, as well as additional audiovisuals and print materials. Professionals from these groups may be effective in classroom presentations. School districts should develop criteria to ensure that speakers and materials are appropriate and correlate with program goals. (Note speaker guidelines in the teacher materials.)

Additional challenges that community groups must address to enhance the wellness of all students are reflected in the following questions:

- What is each group offering in services and/or education to encourage responsible choices by children and youth?
- Are days, hours, and locations of services appropriate for young people?
- Are fees, if any, scaled to income?
- Are children and youth provided with opportunities for healthy activities?
- Do community groups employ persons who relate to youth and who welcome youth participation?
- Do community groups assist in the development and provision of work and volunteer opportunities for youth?
- What are the services for families and youth in trouble?
- Is law enforcement protective of youth?
- Do some groups (youth-serving agencies and religious organizations) offer instruction in healthy, responsible sexuality?
- Most importantly, is the community a healthy place for children and youth?

ESR III encourages community involvement, especially by health professionals and other resource persons. The Texas Education Agency (TEA) continues to work cooperatively with the Texas Department of Health (TDH), and regional offices of TDH are invaluable in implementing prevention programs. Each regional office, for example, has a regional HIV coordinator. See the Appendices for information and resources. School districts may call 1/800-299-AIDS, the Texas AIDS LINE to order copies of the free Texas HIV/AIDS Community Resource Directory.

ESR Training

A curriculum or program is only as effective as the professionals who make the administrative plans and who teach it in the classroom. Therefore, a process for training has been developed for each of the *ESR* series. Each school district is invited to send a team to a Training-of-Trainers (TOT) session at a regional education service center. The trainers will be equipped to train classroom teachers and will be provided with a training package complete with video tapes to facilitate district plans and staff development. For specific information on training and for additional copies of *ESR III*, call (512) 463-9501.

Additional Information

Most Texas communities have HIV counseling and testing sites. The TDH directory contains a list by towns or cities. The local American Red Cross office, STD clinics, hospitals, drug abuse programs, and other health/service providers can be involved to make the program more effective. Their presentations in classrooms, however, will be more appropriate and on-target if districts develop speaker guidelines. For suggestions for these guidelines and other aids, refer to Contents.

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COMMUNICABLE DISEASES THROUGHOUT HISTORY

Earliest recorded history documents small pox, leprosy, plagues, cholera, syphilis, tuberculosis, and other communicable diseases as the cause of death for millions throughout the world and throughout the ages. For example, a 6th century plague in Egypt caused death for 100,000,000 before it was carried to Europe. In Constantinople alone, 5,000 to 10,000 died daily. These tragedies of monumental proportions were attributed to immorality, imbalance in humors, demons, specific population groups, the alignment of the planets, eating spicy foods, and other superstitions. Today, because of the efforts of scientists through the years, the causes, cures, and even preventive vaccines have been identified for most communicable diseases. Important milestones include:

1000 B.C.	The Chinese were the first to experiment with a vaccine for small pox.
1067	Leprosy epidemics in Spain resulted in leprosariums, forerunners to modern hospitals.
1630	A European physician noted Peruvian Indian use of cinchona bark (basic to quinine) for fevers such as malaria.
1849	A. Yersin and S. Kitasato identified a plague-carrying organism, the bacillus Pasteurella pestis.
1849	John Snow, a British anesthetist, deduced that cholera was transmitted via water supplies and sewage systems.
1864	A French scientist, Louis Pasteur, discovered the process of heating liquids to kill germs.
1883	Robert Koch, a German bacteriologist, isolated and identified the organism which causes cholera.
	Ignaz P. Semmelweiss documented the need for handwashing between patient examinations in response to the high death rate from puerpel fever (child birth fever).
1901	In research directed by American army surgeon Walter Reed, yellow fever was the first disease to be discovered to be caused by a virus. Two of the doctors who submitted to mosquito bites to test the theory died of yellow fever.

1905	The syphilis infective organism, a spirochite, was discerned; the Wasserman test was developed in 1906.
1924	French bacteriologists Leon Calmitte and Cammille Gueria first immunized children against tuberculosis.
1940	Penicillin, effective against syphilis, etc. was discovered by Sir Alexander Fleming of Scotland.
1946	DDT was first used to rid an entire country of mosquitoes, the vector for malaria.
1953	Jonas Salk developed a vaccine to protect against poliomyelitis.
1963	Measles vaccine licensed for use.
1967	Mumps vaccine licensed for use.
1969	Rubella vaccine licensed for use.
1970	Immunizations for vaccine preventable diseases required for Texas public and private schools.
1976	Combined mumps, measles, rubella vaccine licensed for use.
1979	Hepatitis B virus vaccine licensed for use.
1981	Outbreak of skin cancer linked to "gay pneumonia" epidemic.
1982	Rare disease detected among hemophiliacs. The epidemic is named acquired immune deficiency syndrome.
1983	French researchers isolate virus that causes AIDS.
1985	Blood banks begin testing donations for human immunodeficiency virus.
1987	Haemophilus influenzae type B vaccine licensed for use.
1988	AIDS cases reach 50,000.
1989	Number of AIDS cases surpasses 100,000.
1992	Centers for Disease Control redefine AIDS to include T cell counts below 200.

In addition to medical advances, one of the most basic deterrents to communicable disease is education to discourage defined risky behaviors. Communicable diseases such as tuberculosis and cholera are still causes for high death rates in under developed nations of the world because of lack of information and poverty.

Two virulent diseases literally unknown to Americans are the parasitic diseases, onchocerciasis (river blindness) and Bilharziasis (a urinary tract disease), which kills millions in the near East, the Orient, India, and Africa. For the first, controlling the vector, the black fly, and for the second, persuading people to stay out of contaminated water and/or stopping human contamination of water, must be accomplished. No known vaccinations for these often fatal diseases are available, but research continues. Research, education, and international coordination/communication are also central to control of the human immunodeficiency virus infection, the virus which causes Acquired Immune Deficiency Syndrome (AIDS).

Historically, lessons have been learned regarding the importance of education to reduce unreasonable/unproductive fear; to promote healthy life-styles; and to encourage the avoidance of high-risk behaviors. *ESR III* presents ways for Texas schools to assist students, school staffs, parents, and communities to reach the objectives dictated by these historical lessons.

A BRIEF HISTORY OF HIV/AIDS

Origin and Spread of HIV Disease

First identified in Central Africa in 1972-73, the human immunodeficiency virus (HIV) appears to have been confined to small isolated groups there until people moved from rural areas to cities bringing the virus with them. HIV mutates rapidly and has developed a strain particularly virulent to humans. A monkey strain of the virus and HIV are similar and may have developed from a common viral ancestor.

The spread of cases has been from Africa to Haiti to the United States, and then to Europe and Asia. AIDS has been identified in all six major continents. The World Health Organization (WHO) puts the total of HIV-infected persons worldwide at between eight and 10 million with six to seven million cases of AIDS predicted by the year 2000.

Unexplainable cases of fatal opportunistic diseases were identified in California and New York beginning in 1975. A Centers for Disease Control (CDC) task force investigation found these cases primarily among homosexual men. Later studies showed intravenous drug users, hemophiliacs, and recent immigrants from Haiti with the same symptoms.

The following facts highlight the potential for national disaster, with adolescents as the next primary risk group:

- By 1993, an estimated 390,000 to 480,000 Americans will be diagnosed with AIDS. A million Americans are estimated to be HIV-infected. Persons with HIV may not be aware they are infected and may be infecting others. HIV has an exponential effect: persons pass on HIV to persons who pass on HIV to persons who pass on HIV.
- Since 1981, 47 health-care workers have been infected from on-the-job exposure to infected blood.
- In 1990, the CDC announced that HIV has been transmitted from a dentist with AIDS to three of his patients.
- HIV/AIDS has been well-documented among male homosexuals, intravenous drug users, hemophiliacs, and babies of infected mothers.
- Famous persons who have died of AIDS include Rock Hudson and Liberace. In 1991, Magic Johnson, basketball superstar, announced he was HIV-infected.
- In 1990, American deaths from AIDS have passed the 100,000 mark, nearly two times the number of Americans who died in the Vietnam War.

Toward HIV Prevention

The current emphasis is on education to prevent HIV infection. This thrust is specifically designed to minimize the high risk behaviors known to transmit HIV and to eliminate unwarranted fears, biases, and ignorance surrounding AIDS. In addition to the emphasis on education, accelerated research efforts related to HIV and AIDS are in progress throughout the world.

Major Milestones in research efforts have included the following:

- American and French research teams, with leadership by Robert Gallo, Luc Montagnier, and others, contributed to the discovery of the human immunodeficiency virus (HIV) as the cause of AIDS (acquired immune deficiency syndrome).
- Blood screening tests have been developed, and since 1985, blood banks routinely screen for HIV antibodies (and for high risk donors), ensuring safe blood and blood products for medical treatment.
- Nationwide efforts to affect HIV prevention through education about the high-risk behaviors that expose individuals to HIV infection have been initiated.
- No drugs to cure or vaccines to prevent HIV infection have been developed. The drug AZT (azidothymidine) was originally tested for cancer but has been found to slow the progress of AIDS. AZT was approved for use by the FDA in 1987.

COMMUNICABLE DISEASE CHART FOR SCHOOLS AND CHILD-CARE CENTERS

COMMUNICABLE DISEASE CHART FOR

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
AIDS HIV Infection	Variable	Weight loss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver. Individuals with HIV infection may be asymptomatic.
Amebiasis	Variable, days to months	Intestinal disease may vary from asymptomatic to acute dysentary with bloody diarrhea, fever, and chills. Parasite may disseminate to other internal organs.
Campylobacteriosis	3-5 days	Sudden onset of diarrhea, abdominal pain, fever, malaise, nausea, and vomiting.
Chickenpox	10-21 days	Fever and rash consisting of blisters that may appear first on head, then spread to body. Usually 2 or 3 crops of new blisters that heal leaving scabs.
Common Cold	1-3 days	Runny nose, watery eyes, general tired feeling, cough, sneezes.
Conjunctivitis, Bacterial and/or Viral	1-3 days	Red eyes, usually with some discharge or crust on eyelids.
Cytomegalovirus (CMV infections)	Unknown under normal circumstances.	Usually asymptomatic. Congenital CMV infections may result in hearing loss, pneumonia, eye inflammation, and growth and/or mental retardation.
Fever		Oral temperature of 38°C (100.4°F) or greater.
Fifth Disease (erythema infectiosum)	6-14 days	Redness of the cheeks ("slapped-face" appearance) and body. Fever does not usually occur.
Gastroenteritis, Viral	Variable, usually 2-7 days.	Stomachache, nausea, diarrhea (6 or more watery, loose stools per day). Fever does not usually occur.
Giardiasis	4-14 days	Gradual onset of stomachache, bloating, and diarrhea. May recur several times over a period of weeks.
Head Lice (pediculosis)	Eggs hatch in 7-10 days	Itching and scratching of scalp. Pinpoint white eggs (nits) that will not flick off the hair shaft.

SCHOOLS AND CHILD-CARE CENTERS

EXCLUDE FROM ATTENDANCE[1]	READMISSION CRITERIA[2,3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT[4]
No, unless child's physician determines that a severe or chronic skin eruption or lesion which cannot be covered poses a threat to others. The child's parents and physician should be advised in the case of measles, rubella, or chicken pox out-breaks in the school which may pose a health threat to the immuno-suppressed child.		Yes, but schools are not required to report.	Teach importance of handwashing. When cleaning up spills of blood or body fluids, wear gloves and use a suitable disinfectant. Adolescents should be educated about transmission of the virus through sexual contact and sharing of equipment for injection.
Yes	After treatment is initiated.	Yes	Adequate treatment is necessary to prevent/ eliminate extraintestinal disease. Teach importance of handwashing. Relatively uncommon in U.S. but can be acquired in developing countries. Can be spread by personal contact or through food and/or drink.
Yes	After diarrhea and fever subside.	Yes	Teach importance of handwashing. Frequently a foodborne infection.
Yes	After 7 days from onset of rash, except immunocompromised individuals who should not return until all blisters have crusted over (may be longer than 7 days).	Yes	No vaccine available at this time.
No, unless fever is present (See Fever).	When fever subsides.	No	Teach importance of washing hands and covering mouth when coughing or sneezing.
Yes	See Footnote 2(A-B).	No	Teach importance of handwashing. Allergic conjunctivitis is not contagious.
No		No	Teach importance of good handwashing practices for staff and children. Avoid direct contact with urine, saliva, or other infectious secretions.
Yes	When fever subsides.	No	
No, unless fever is present (See Fever).	When fever subsides.	No	Cases should be seen by a physician to rule out a diagnosis of measles.
Yes	When diarrhea subsides.	No	Teach importance of handwashing. Adult should supervise handwashing of preschool-age children.
Yes	When diarrhea subsides.	No	Treatment is recommended. Teach importance of handwashing. Can spread quickly in child-care facilities.
Yes	When one medicated shampoo or lotion treatment has been given.	No	Second shampoo or lotion treatment in 7-10 days is recommended. Teach importance of not sharing combs, hats, and coats.

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
Hepatitis, Viral, type A	15-50 days, average 28 days	Abrupt onset of fever, tired feeling, stomachache, nausea, or vomiting followed by jaundice. Young children may have mild case of diarrhea without jaundice.
Hepatitis, Viral, type B	2-6 months	Gradual onset of fever, tired feeling, loss of appetite, followed by jaundice.
Herpes Simplex (cold sores)	First infection, 2-12 days	Blisters, on or near lips, that open and become covered with dark crust. Recurrences are common.
Impetigo	Variable, usually 3-7 days	Blisters on skin that open and become covered with yellowish crust. No fever.
Infectious Mononucleosis	30-50 days	Variable. Generally asymptomatic in infants and young children. Symptoms when present, include fever, fatigue, swollen lymph nodes, and sore throat.
Influenza	1-3 days	Rapid onset of fever, headache, sore throat, cough, chills, lack of energy, muscle aches.
Measles (rubeola)	7-14 days	Runny nose, watery eyes, fever, cough. Blotchy red rash appears on 4th day after prodromal symptoms.
Meningitis, Bacterial	2-10 days	Sudden onset of high fever, headache, and stiff neck, usually with some vomiting.
Meningitis, Viral	2-10 days	Sudden onset of fever, headache, usually with some vomiting.
Mumps	1-26 days, commonly 18 days	Swelling over jaw in front of one or both ears. Pain in cheeks made worse by chewing.
Pertussis (whooping cough)	7-21 days	Low-grade fever, runny nose, and cough lasting about 2 weeks, followed by paroxysmal coughing spells and "whoop" on inspiration.

EXCLUDE FROM ATTENDANCE[1]	READMISSION CRITERIA[2,3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT[4]
Yes	After 1 week from onset of illness.	Yes	Teach importance of handwashing. Immune globulin should be given to household contacts. If more than one case occurs in a child-care facility, immune globulin should be considered for all children and parents involved.
No		Yes	Vaccine available but recommended for high-risk groups only as opposed to the general public. Neither cases nor carriers excluded from attendance. Teach importance of good hygiene and avoid contact with blood/body fluids of recent cases or chronic carriers.
No		No	Teach importance of good hygiene. Avoid direct contact with sores.
Yes	When treatment has begun.	No	Keep lesions covered while in school. Teach importance of handwashing and keeping fingernails clean.
No, unless fever is present. (See Fever).	When physician decides or when fever subsides. Some children with fatigue may not be physically able to return to school until symptoms subside.	No	Minimize contact with saliva or nasal discharges. Teach importance of handwashing. No vaccines or specific treatment have been recommended in routine cases.
Yes	When fever subsides.	Yes	Vaccine available, but only recommended for children with certain chronic diseases. Antiviral therapy available for cases of influenza type A.
Yes	After 4 days from rash onset. In an outbreak, unimmunized children should also be excluded for a least 2 weeks after last rash onset occurs.	Yes	Vaccine available. Report suspect cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Yes	See Footnote 2(A-B)	Yes	Depending on which bacteria are causing the illness, prophylactic antibiotics may be recommended for family members. Occasionally, close contacts at a child-care facility are also treated.
No, unless fever is present (See Fever).	When fever subsides.	Yes	Teach importance of handwashing. Prophylactic antibiotics of no value.
Yes	After 9 days from the onset of swelling.	Yes	Vaccine available.
Yes	After completion of 5 days of antibiotic therapy.	Yes	Vaccine available. Unimmunized contacts should be immunized and receive antibiotic prophylaxis. Report suspected cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.

CONDITION	INCUBATION PERIOD	EARLY SIGNS OF ILLNESS
Pinworms	Variable, may be as long as 3-6 weeks	Perianal itching.
Ringworm of the Body	4-10 days	Slowly spreading, flat, scaly, ring-shaped spots on skin. The margins may be reddish and slightly raised.
Ringworm of the Scalp	10-21 days	Slowly spreading, balding patches on scalp with broken-off hairs.
Rubella (German measles)	14-21 days	Cold-like symptoms, swollen tender glands at back of neck. Changeable pink rash on face and chest.
Salmonellosis	1-3 days	Sudden onset of fever, abdominal pain, diarrhea, sometimes vomiting.
Scabies	First infection: 1 month Repeat infection: 2-5 days	Small, raised, red bumps or blisters on skin with severe itching.
Shigellosis	1-7 days	Sudden onset of fever, vomiting, and diarrhea.
Streptococcal Sore Throat and Scarlet Fever	1-3 days	Fever, sore throat, often with enlarged, tender lymph nodes in neck. Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1-3 days after onset of sore throat.
Tuberculosis, Pulmonary	4-12 weeks	Gradual onset, tiredness, loss of appetite, slight fever, failure to gain weight, cough.

EXCLUDE FROM ATTENDANCE [1]	READMISSION CRITERIA [2] [3]	REPORTABLE DISEASE	NOTES FOR PREVENTION/TREATMENT [4]
No		No	Treatment is recommended. Teach importance of handwashing.
No		No	Treatment is recommended. Keep lesions covered while in school.
Yes	When treatment has begun.	No	Teach importance of not sharing combs, hats, and coats.
Yes	After 7 days from rash onset. In an outbreak unimmunized children should be excluded for at least 3 weeks after last rash onset occurs.	Yes	Vaccine available. Report suspected cases immediately to local health department and call the Texas Immunization Hot Line: 1-800-252-9152.
Yes	When diarrhea and fever subside.	Yes	Teach importance of handwashing. Frequently a foodborne infection.
Yes	When treatment has begun.	No	Careful examination of close contacts required to identify early infection. Household members should be treated prophylactically.
Yes	When diarrhea and fever subside.	Yes	Teach importance of handwashing. Can spread quickly in child-care facilities.
Yes	After 24 hours from time antibiotic treatment was begun and fever has subsided.	No	Teach importance of covering mouth when coughing or sneezing.
Yes	After antibiotic treatment has begun, AND a physician's certificate or health permit obtained.	Yes	All classroom contacts should have TB skin tests. Antibiotic prophylaxis indicated for newly positive reactors.

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[1] The major criterion for exclusion from attendance is the probability of spread from person to person. A child may have a nonexcludable illness yet require care at home or in a hospital.

[2] Children excluded from a school or child-care facility for a communicable disease may be readmitted by any of the following methods:
(A) A written certificate from a physician
(B) A permit issued by the local health authority
(C) Fulfilling criteria listed under "Readmission Criteria"

[3] A school or child-care facility administrator may require a note from a parent or physician for readmission regardless of the reason for the absence.

[4] **Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.**

Adopted by the Texas Department of Health pursuant to 25 TAC 97.6. Effective on September 1, 1987.

BASIC INFORMATION ABOUT HIV DISEASE

What Is the Immune System?

The immune system is composed of specialized white blood cells called lymphocytes. There are several kinds of white cells such as helper T cells, killer T cells, suppressor T cells, and B cells which have different functions. There are even memory T and B cells which remember a particular germ after an infection is over and launch a rapid attack should the same germ enter the body again.

The total number of white cells in the human body is about one trillion. Although functionally different, white cells work together to defend the body against any foreign invader, from pollen on a flower to the many disease-causing agents in the environment. When a germ (bacteria or virus) enters the body, the white cells mount a coordinated attack. Some white cells such as helper T cells recognize the chemical properties of a foreign particle and signal other white cells to make antibodies against the pathogen. Other white cells only operate to stop the attack. This internal defense process is called the immune response.

In a healthy individual, the immune response operates until the germ is destroyed. However, in individuals with weakened immune systems, an invading germ can cause disease because the immune system is too weak to destroy the germ. **See Appendix I, Transparency 1.**

What Happens When a Person Gets a Cold?

When a cold virus enters the body, for example through the nose, the virus is recognized by special white cells as foreign and unfriendly. The person develops symptoms such as sneezing, runny nose, fever, and swollen glands. These are signs that the immune system is fighting the cold virus.

After several days, the immune system destroys the cold virus and also manufactures specific memory white cells that will remember that particular cold virus should the person come into contact with it again.

What Happens When HIV Gets in the Body?

HIV, like other viruses, must live inside a cell to reproduce. It cannot multiply outside of a cell. Unfortunately, HIV, the virus that causes the disease AIDS, chooses certain white cells in our immune system in which to live. As a result, the virus slowly destroys the immune system, and the body's capacity to defend itself against disease is severely weakened.

HIV lives primarily in helper T cells which are responsible for not only recognizing and identifying foreign particles but signal the particular T and B cells that only respond to that particular germ. When the helper T cells are slowly destroyed by HIV, the body's ability to recognize, identify, and attack germs is lessened. **See Appendix I, Transparency 2.**

It can take many years before HIV damages the immune system. During this time, the infected person can look and feel healthy. **See Appendix I, Transparencies 3 and 4.**

What About Other Infections?

When a person has a healthy immune system, many diseases are never encountered because the immune system protects against them. When a person's immune system is damaged because of AIDS, the body's capacity to protect itself is also damaged, and the person can get opportunistic infections. These are diseases caused by germs that are always in the environment but controlled by healthy immune systems. That is, these germs take advantage of the opportunity presented when the immune system is unhealthy; they cause disease, even death.

People with AIDS die from opportunistic infections such as PCP, a type of pneumonia that does not normally develop in people with healthy immune systems.

HIV: Get the Answers

What Is HIV?

HIV is a virus that causes the disease called AIDS. **See Appendix I, Transparencies 5 and 6.** HIV damages the body's immune system, especially white cells called T cells. Since the immune system protects the body from disease, people who are HIV infected or HIV positive are more susceptible to disease.

HIV is not AIDS. People who are HIV positive can exhibit various symptoms or remain completely healthy, but they can transmit the virus to others at any stage.

What Is AIDS?

AIDS is the stage when various symptoms appear because the immune system (T cell count) is so damaged that the body cannot adequately protect itself from certain diseases. An additional component of the definition of AIDS was recently included by the Centers for Disease Control in Atlanta. The newest definition of AIDS includes a person with a T cell count of less than 200.

The time period between infection with HIV and the appearance of symptoms signaling the onset of clinical AIDS is about 10 years. During this time, a person may feel and look healthy, but they are capable of transmitting the virus. **See Appendix I, Transparency 7.** They can pass the virus to their sex partner or to a person with whom they share a needle. An infected mother can also pass the virus to her unborn child.

Is There a Cure or Treatment?

No cure for HIV or AIDS exists, and the current level of understanding of the disease suggests that an HIV-positive person will eventually develop AIDS. However, treatments with such drugs as AZT slows the growth of the virus and helps to keep the immune system healthy for a longer time.

How Do People Get HIV?

HIV lives in blood, semen, and vaginal fluid. If infected fluid is exchanged or mixed with the fluid from an uninfected individual, both individuals will then carry the virus. HIV is passed from one individual to another in the following ways:

- Having sexual intercourse (anal, vaginal, or oral) can transmit the virus. Anal intercourse is the most risky form of intercourse due to the unavoidable rupture of small blood vessels in the rectum during intercourse. This sexual practice, whether heterosexual or homosexual, increases the possibility of fluid exchange and the risk of HIV infection.
- Sharing needles for drug use is another common way to become infected with HIV. Blood may be left in the needle and, if infected with HIV, can be passed on to another person who is using the same needle. HIV can be mixed with another person's blood through needles used to inject steroids or by needles used for tattoos or piercing.
- The HIV virus may be transmitted from a mother to her unborn child through the placenta in her womb. The baby can also be infected with HIV during the birth process.

- Before 1985 in the United States, HIV-infected blood could mix with a person's blood through blood transfusions. People with hemophilia, an inherited blood disorder, were in the greatest danger of becoming infected with HIV during this period. Since 1985, the nation's blood supply has been tested for HIV, and the chance of infection through blood transfusion is now small.

Understanding how HIV is transmitted is important. However, of equal importance is understanding how HIV is not transmitted. HIV is not transmitted by donating blood. A sterile needle is used each time blood is drawn, and the used needle is destroyed. Not one case has been documented of HIV being spread by casual contact such as hugging, shaking hands, kissing, and sharing food. HIV is not spread by telephones, toilet seats, saliva, urine, feces, and sweat. HIV is not spread by animals and insects. It does not travel in the air. In fact, the virus is so fragile that exposure to air kills it. The virus must get into the blood stream to infect a person, and it gets there primarily through sexual activity and sharing needles. **See Appendix I, Transparencies 8, 9, and 10.**

Who Is at Risk?

A person's behavior is what puts him or her at risk for contracting HIV. It's what a person does that is important rather than who the person is. A person is at greatest risk if he or she has had sex or shared needles with an HIV-infected person.

A person is at greatest risk if:
- the person has ever had sexual intercourse (anal, vaginal, or oral; heterosexual or homosexual) with an injection drug user, a man who has had sex with another man, someone with hemophilia, someone who had a blood transfusion before 1985, or a person whose sexual history included indiscriminate sex with multiple partners
- the person has shared needles for injection drug use or tattooing
- the person is a heterosexual or homosexual sex partner of someone who has HIV or someone at risk for HIV infection; the person has had sex with an at-risk individual since 1978
- the person received a blood transfusion between 1978 and 1985
- the person has ever been sexually assaulted
- the person has ever had a sexually transmitted disease

In addition, babies are at risk for HIV if their mothers were HIV infected.

How Is HIV Prevented?

Ways persons may reduce the risk of HIV infection include the following:

- The surest way for a person to avoid HIV infection is to not have sex. It is also safe for a person to have sex with a lifelong partner whose sexual history is known to him or her and who is free of HIV infection.
- Using a latex condom and a water-based lubricant when having vaginal or anal sex will reduce HIV risk. The use of a condom when engaging in oral sex will also reduce risk. Since a condom can break or leak, some risk of infection remains.
- The spermicide nonoxynol-9 can kill the HIV virus. Using nonoxynol-9 with a condom can add extra protection.
- The use of a dental dam or a latex condom cut and rolled out flat should be used for oral sex on a woman. This will keep vaginal fluid from entering the man's mouth.
- A condom should always be used for oral sex on a man.
- Stopping the use of drugs reduces the risk of HIV infection. If people continue to inject drugs, they should not share needles. If they do share, they should wash the apparatus at least twice with bleach and water before and after each use. **See Appendix I, Transparency 11.**

What Are the Symptoms of HIV Infection?

Several years may pass before an HIV-infected person shows symptoms. Some people never develop any symptoms until they actually have AIDS. As few as a couple of months or as many as 10 years may pass from the time of infection until the onset of symptoms. However, a person should see a doctor and inquire about HIV testing if any of the following symptoms persist:

- unexplained weight loss of more than 10 pounds
- a fever that will not go away and/or drenching night sweats
- unexplained tiredness
- diarrhea
- persistently swollen glands in the neck, armpits, or groin
- unexplained dry cough or white spots on the tongue or in the mouth

HIV: the Antibody Test

What Is the HIV Antibody Test?

When a person is infected with HIV, the immune system produces antibodies, chemical substances that attack specific pathogens. In the case of HIV, the HIV antibodies search for and attempt to destroy HIV virus. The most common tests for the HIV virus are blood tests that look for HIV antibodies. These particular tests do not look for the virus itself.

If HIV antibodies are detected in a person's blood and confirmed with another test, then the person is said to be infected with HIV or to be HIV positive. If no antibodies are found, then the person is said to be HIV negative. The following are two kinds of antibody tests:

- The ELISA test can detect HIV antibodies manufactured by the body in response to HIV.
- The Western Blot test is used to double-check or confirm blood samples that the ELISA test shows to be positive. A positive Western Blot test is confirmation that a person is infected with HIV.

What Happens When a Person Takes the Test?

Before blood is taken from the arm, a counselor should explain the advantages and disadvantages of HIV testing. After the test, the blood is sent to a testing lab. The test results take about two weeks.

Will Test Results Be Confidential?

In terms of test reporting, confidentiality differs somewhat from state to state. However, two test reporting procedures are common. One is called *anonymous* testing. When a person takes an anonymous test, he or she is given either a code name or number. The person's name, address, and social security number cannot be traced. The person tested will be the only one who will know the test result. Anonymous testing protects a person against discrimination from anyone who knows the test result. Most areas have free anonymous testing and counseling. Another kind of test reporting is called *confidential*. The test result will be told only to the person tested, but it can be placed in the person's medical file. **See Appendix I, Transparency 12.**

What Does a Negative Test Result Mean?

A negative test means that no HIV antibodies were found in the blood at this time. However, since it can take the body up to six months after infection to manufacture antibodies, it is possible that a person is infected with HIV although the test did not detect antibodies.

If a person had sex without a condom or shared needles in the six months prior to the test, a counselor may suggest getting tested again. Until the next test, the person should not do anything that would put him or her at risk for HIV infection. **See Appendix I, Transparency 13.**

What Does a Positive Test Result Mean?

A positive test means HIV antibodies have been found in the blood. This means the person can pass the virus to others during anal, vaginal, and oral sex. Sharing needles can also transmit the virus.

Positive tests are confirmed by two blood tests and are almost 100 percent accurate. If a person tests HIV positive, early medical treatment can slow the progress of the disease. **See Appendix I, Transparency 13.**

Why Should a Person Take the Test?

HIV testing can cause emotional, social, and legal problems. Therefore, most test centers give counseling before and after the test to help the person work through concerns. One concern might be the reasons to take the test. There are several:

- Early medical treatment slows the progress of the disease and allows people to live longer.
- An HIV-positive person learns how to keep the immune system strong.
- Testing reduces anxiety and may help the person alter his or her life-style to improve the quality of life, whether the test is negative or positive.
- If the person is pregnant or considering getting pregnant, testing can help the person learn about the risk of transmitting the virus to her baby.
- The person will learn how to protect himself or herself and others from HIV infection.

Who Should Consider Testing?

Individuals may want to consider testing if they have been at risk for HIV infection. Persons are at risk if:

- They have shared needles for injection drug use or tattooing.
- They are heterosexual or homosexual sex partners of persons who have HIV or who are at risk for HIV infection. They are also at risk if they have had sex with at-risk individuals since 1978.
- They are at risk if they received a blood transfusion between 1978 and 1985.
- They have ever been sexually assaulted.
- They have ever had a sexually transmitted disease.

In addition, babies are at risk for HIV if their mothers were HIV infected.

Where Can a Person Get Tested?

HIV testing is done at public health clinics, AIDS agencies, hospitals, doctors' offices, and other locations. The cost ranges from free to expensive.

If a person considers taking a test, he or she should call various test sites and check on whether the test is anonymous or confidential, how results are verified and recorded, the cost, and if counseling is available.

For additional information about HIV antibody testing, the state or local health department or AIDS agency may be contacted.

HIV: What If the Person Is Positive?

Will He or She Get AIDS?

Current medical information cannot tell us if an HIV-positive person will develop AIDS or when he or she will develop symptoms of AIDS. The average length of time between initial infection with HIV and the development of clinical symptoms of AIDS is about 10 years.

With early medical treatment, an HIV-positive person can reduce the progress of the virus and live a longer, healthier life.

What About Treatment?

It is important to locate a physician who has experience working with HIV-positive people. This type of doctor will probably know more about current treatments.

Some treatments such as AZT fight the spread of HIV, while other treatments are used to control infections or the side effects from medication. The earlier a person finds out about the range of treatments available, the better the chances of keeping the immune system healthy.

What About Sex?

An HIV-positive person can pass the virus to another person and can be re-infected with HIV by a partner who is also HIV positive. Becoming re-infected is serious as the probability of developing symptoms increases as more viral particles enter the body.

Safer sex practices are encouraged, especially the use of a latex condom with nonoxynol-9 spermicide. Questions related to safer sex can be obtained from a test site counselor or from a local AIDS agency.

What About Other Protection?

Except for engaging in unprotected sex and sharing needles, a person stands little chance of infecting other people through casual contact.

For Women

An HIV positive woman who is pregnant or considering becoming pregnant should understand the risk involved. HIV can be passed to the unborn child through the placenta during pregnancy or during the birth process. About 30 percent of HIV-positive mothers give birth to babies who will develop HIV.

Why Is There an Urgent Need for Effective HIV Education?

An abundance of facts and statistics related to the HIV/AIDS epidemic is available. However, for educators to fully appreciate the absolute urgency of implementing effective HIV programs, three areas of particular significance must be understood:

- the natural history or course of HIV/AIDS
- the age distribution of AIDS cases in the United States and Texas
- the sexual behavior of students

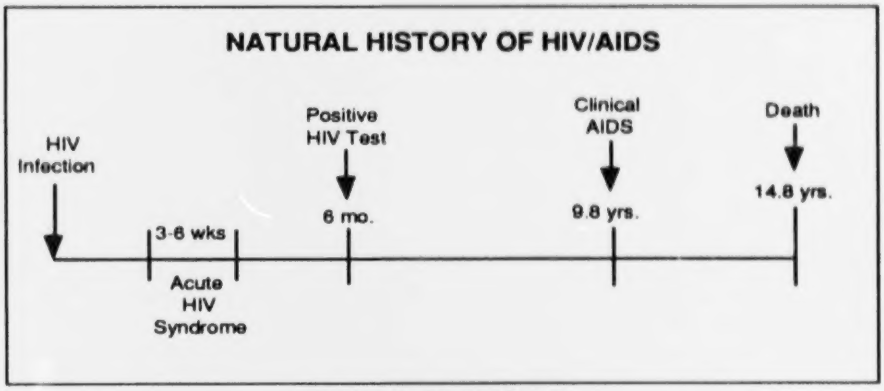
Figure 2 illustrates the natural course or history of HIV/AIDS. After a person is infected with HIV, flu-like symptoms appear in about 20-40 percent of cases, then disappear. This symptomatic and highly contagious period usually occurs between zero and six months, with the average being three to six weeks.

Thus from 60-80 percent of infected individuals exhibit no symptoms. After initial infection, a variable time period follows in which a person is asymptomatic. The HIV-infected person at this stage looks and feels normal but can transmit the virus to others. The asymptomatic stage ranges from 5-15 years. The average length of time before symptoms appear is 9.8 years. There is, therefore, a long time frame between initial infection and the clinical symptomatology of clinical AIDS. Clinical AIDS is the final stage of HIV disease and is associated with the appearance of at least one of 21 identifiable conditions and/or a T cell count less than 200. **See Figure 3.**

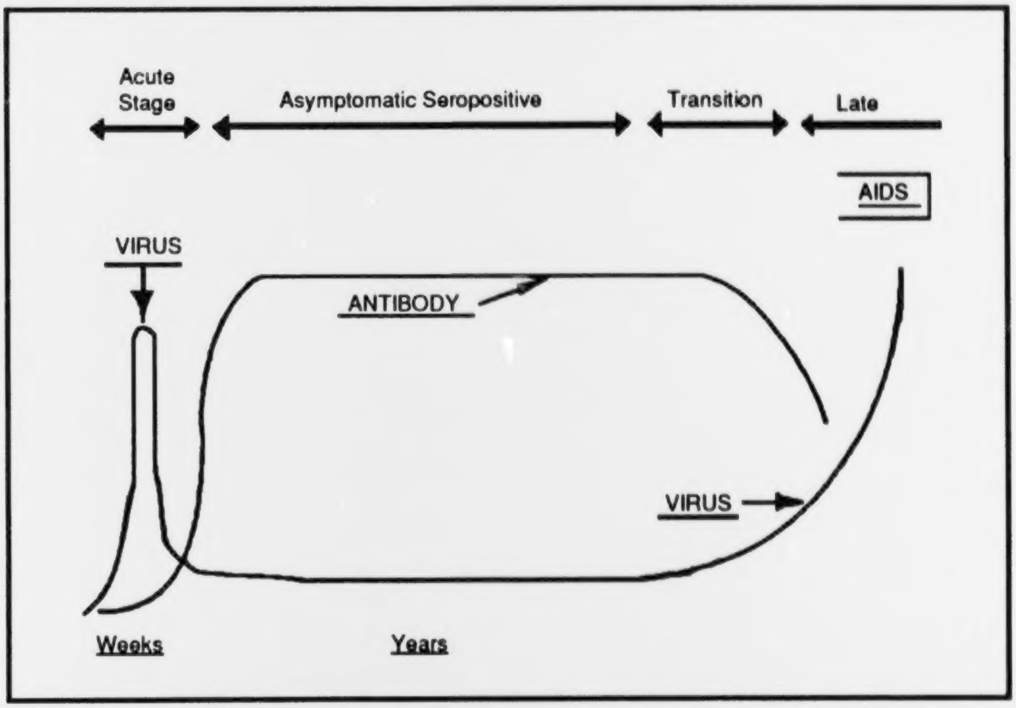
The long incubation period has been partially responsible for the erroneous sense of invulnerability among young people and the false sense of security perceived by some public school personnel. For example, because of relatively few cases of AIDS in the 10-19 age category, a false perception is that the disease does not pose a threat for school-age individuals. However, when the long incubation period is considered together with the large number of AIDS cases in the 20-29 age category (25 percent nationally and 25 percent in Texas), it becomes frighteningly clear that many of these people were infected during their teen years. Reported HIV cases as of 1991 indicate that 40 percent of all cases of HIV are in the 20-29 age group.

When the course of HIV disease and the age distribution of AIDS cases are then viewed within the context of high school sexual behaviors, the need for immediate action is apparent. **Figure 4** illustrates the sexual behavior of high school students in the US. **Figure 5** reports the percent of high school students who have had sexual intercourse in Texas.

Federal guidelines for HIV education directs educators to encourage students to abstain from sexual intercourse until they are ready to establish mutually monogamous relationships within the context of marriage. However, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, HIV education programs that address preventive types of behavior are critically needed. The statistical rationale is predicated, in part, by the large percentage of Texas high school seniors who engage in unprotected sexual intercourse. **See Figure 6.**


NATURAL HISTORY OF HIV/AIDS
HIV Infection
3-6 wks
Acute HIV Syndrome
Positive HIV Test
6 mo.
Clinical AIDS
9.8 yrs.
Death
14.8 yrs.

Centers for Disease Control
Figure 2



The course of disease from HIV infection to AIDS. Source: Courtesy of David Baltimore, Whitehead Institute for Biomedical Research, Cambridge, Massachusetts.
Figure 3

	Ever had sexual intercourse					
	Female		Male		Total	
	%	(95% CI)	%	(95%CI)	%	(95% CI)
Race/Ethnicity						
White	47.0	(± 2.4)	56.4	(± 4.5)	51.6	(± 2.9)
Black	60.0	(± 5.4)	87.8	(± 2.4)	72.3	(± 3.7)
Hispanic	45.0	(± 5.5)	63.0	(± 5.5)	53.4	(± 4.7)
Grade						
9th	31.9	(± 4.1)	48.7	(± 5.7)	39.6	(± 4.5)
10th	42.9	(± 5.5)	52.5	(± 6.9)	47.6	(± 4.9)
11th	52.7	(± 5.7)	62.6	(± 6.3)	57.3	(± 5.5)
12th	66.6	(± 3.9)	76.3	(± 4.1)	71.9	(± 3.1)
Total	48.0	(± 2.7)	60.8	(± 4.3)	54.2	(± 2.9)

Percentage of high school students reporting having had sexual intercourse, by sex, race/ethnicity, and grade—United States. Youth Risk Behavior Survey, 1990.

Figure 4

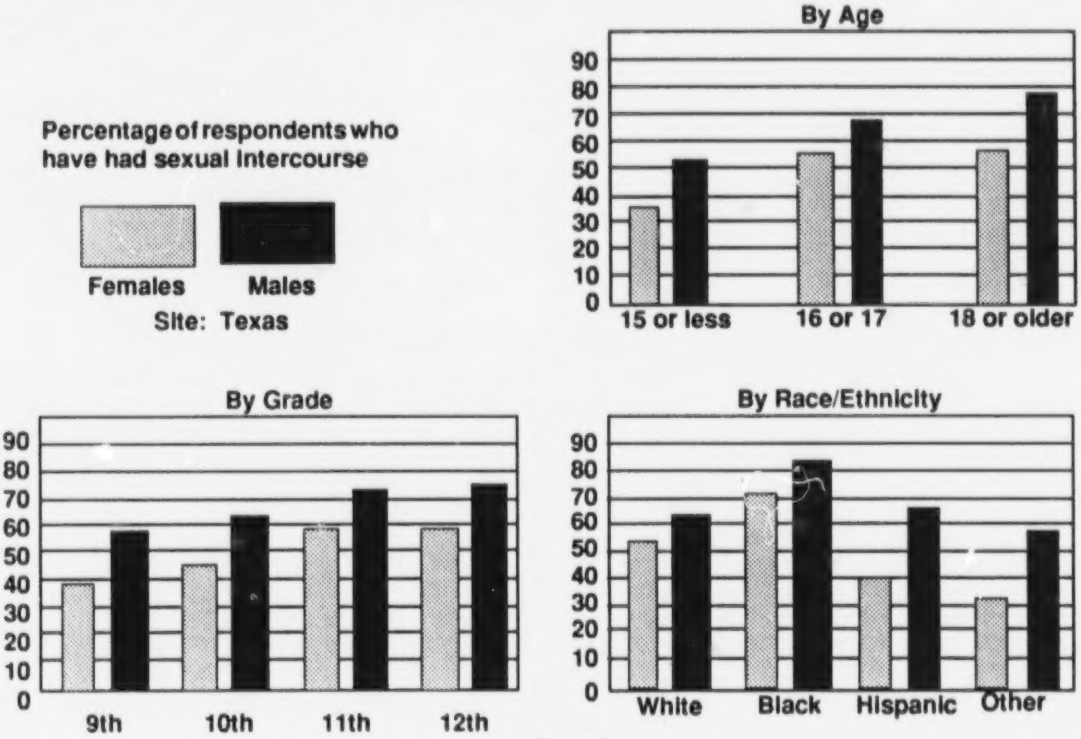


Figure 5

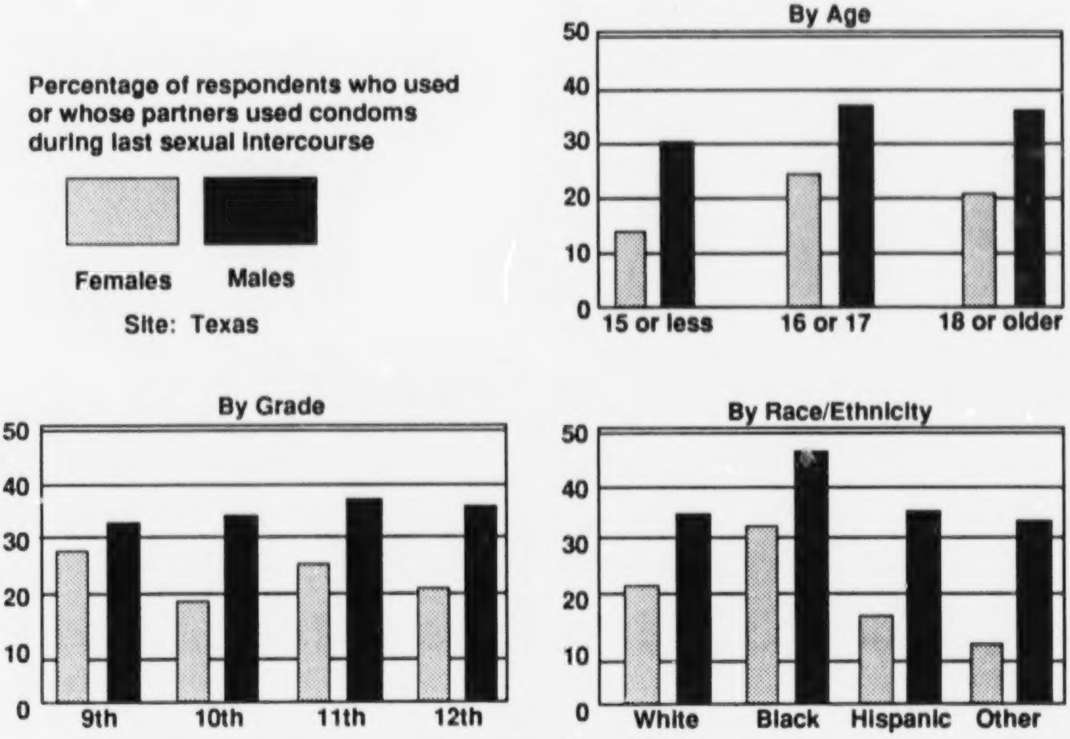


Figure 6
Youth Risk & Behavior Survey, 1990

Questions and Answers From the Texas Department of Health

Do mosquitoes pass the AIDS virus?

No. Research teaches us that the AIDS virus does NOT get into the salivary glands of the mosquito; therefore, it is not passed through biting the way other diseases such as malaria or encephalitis can be. Practical experience also teaches us that mosquitoes don't pass the virus. People who spend a lot of time outside and are frequently bitten by mosquitoes are young children and retired adults. These people are not getting infected with HIV.

Will I get HIV from French (deep) kissing?

No. HIV is not passed by saliva. HIV is passed by infected blood from one person getting into the blood stream of another person. If blood is in the mouth, it is best not to kiss.

Will I get HIV from donating blood?

No. Blood centers use new equipment for each person who gives blood. No equipment is shared.

If a woman is pregnant, will she pass HIV to her baby?

Approximately 30% of women infected with HIV will pass the virus on to their babies. It is not known yet exactly how HIV is passed or why ALL babies are not infected.

Are condoms effective in preventing HIV from being passed from one person to another?

The 100% effective way to NOT become infected with HIV is to avoid having anal, vaginal, or oral sex with someone who has HIV and to not share drugs, steroids, or other needles. If someone chooses to have sex with another person and both are not absolutely sure that they are NOT infected, a condom is very important to use. Next to postponing sex, this is the most responsible action a couple can take.

Research on condoms over the past 30 years indicates that using them properly will provide about 90% effectiveness in preventing pregnancy. Latex will not let the AIDS virus pass through. When condoms fail, it is most often because the people using the condoms do not use them properly. Condoms made in the U.S. must meet strict standards of quality. Latex condoms with lubrication used with a spermicide (nonoxynol-9) will provide protection from HIV, other STDs, and pregnancy.

What does an AIDS test mean?

The test is not actually for AIDS. It is a blood test that looks for antibodies to HIV. If the antibodies are found, the person has the virus in his or her blood. People can live for many years with HIV in their blood and may not become ill with AIDS.

When a person becomes infected, can he or she pass the virus on to someone else right away?

Yes. Even if a person has no symptoms of being infected or ill, the virus can be passed through anal, vaginal, and possibly oral sex and through sharing drug or steroid needles and possibly tattoo or ear-piercing needles. Blood buddy rituals are also risky.

How soon will the antibodies show up on the test?

All people develop antibodies at different rates. Most people will have antibodies in their blood within three months of becoming infected. If the test is done before that, it will need to be repeated if it is negative. Condoms are important to use anytime someone has a question about possibly being infected with HIV. By six months after infection, almost all people will show antibodies to the virus.

How long can a person have HIV in the blood and still be healthy?

It may take 10 years or longer for a person to begin having symptoms of HIV disease. Some people who choose healthy life-styles and learn how to manage stress may never develop symptoms of illness due to HIV.

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Can someone get HIV only once or can you get it from many different people?

The AIDS virus has one general structure which makes it specific to HIV. We can use the image of car keys. A Porsche key has a different shape from a Chevy key. Yet each Porsche key has different bumps on it that allow it to start only one specific car. The same is true for each Chevy car key.

HIV has a shape that makes it different from other viruses such as hepatitis. Yet each HIV has different bumps on it that make it specific for each person. This is why developing a vaccine is so difficult. There are tiny yet important differences in each person's virus.

This means that if a person is infected with HIV from more than one person, each virus will be ever so slightly different. Each infection will cause more stress on the immune system as the body tries to cope with this new invasion of a slightly differently shaped virus.

What if a student in my class has AIDS or HIV?

A person who is infected with HIV is not a threat to your health. The virus is only passed by behaviors such as sex and sharing needles. It is not passed by behaviors found in a classroom.

What if a friend has a bloody nose or is bleeding?

We now know that blood can pass a number of serious illnesses (HIV, hepatitis, meningitis, rubella, etc.). However, simply by looking at someone we cannot know who is infected. It is wise to have the person who is bleeding put pressure on the wound if she or he is able. If this is not possible, you can help someone who is bleeding by putting pressure on the wound using a barrier such as clothing, plastic, wads of paper, etc., between your hands and the blood. If your hands do not have any open cuts, the virus, if present in the blood, will NOT penetrate your skin. If you do have an open cut, special care should be taken to prevent contact with someone else's blood.

Will HIV be passed between athletes who collide during sports activities?

No cases have been documented of this ever happening. Reasons why passing the virus this way is extremely unlikely include the following:

- When an injury occurs, the body instantly triggers a flow of blood and lymph fluid OUT of the body to cleanse the wound. The bodies of both injured athletes would thus be flushing fluid out— not accepting fluid into the body.

- When athletes collide, they immediately fall away from each other. The contact lasts only a fraction of a second.
- We can assume that Magic Johnson is not the only athlete who has HIV in his body. Other athletes have undoubtedly been infected in the past 10 years and may or may not have known it. Collisions and injuries have always occurred in athletics, yet there are no cases of HIV being passed in this way.

Where did HIV come from?

We do not know exactly how HIV developed. Theories exist but no facts clearly answer this question at this time. However, we DO know lots about the virus and how to prevent it. If we spend time and energy in discussing the origin of HIV, it takes away valuable time from educating ourselves about prevention.

Will everyone die who gets HIV and AIDS?

People are living longer and longer with HIV infection. A few people who became ill with AIDS have overcome the life-threatening illness and regained their health. How long they will remain healthy is unknown. Time will tell.

The vast majority of people infected with HIV eventually become ill and die. HIV can be prevented by choosing healthy behaviors. Education and prevention are the surest ways to avoid this catastrophic illness.

What is the pyramid effect?

The pyramid effect describes how a person subjects himself or herself to a multiplier effect with each additional sexual partner.

How did the dentist in Florida infect five of his patients?

After a two-year investigation by the Centers for Disease Control (CDC), health officials cannot say exactly how this dentist infected these patients. Tests showed the viruses of the patients closely matched that of the dentist. The office procedures for sterilization of equipment were poor. The dentist did not follow universal precautions. The most likely explanation is that he injured himself and got blood into patient's wounds. AIDS-related nerve damage and fatigue may have made accidents more likely. This Florida case remains unique. The CDC has studies of 15,795 patients treated by 32 other infected health providers. No other cases of transmission in the worksite have been uncovered.

Should I be alarmed about the risk of infection from my doctor or dentist?

The risk of infection from an infected doctor during surgery is one in 21 million for every hour of the operation. Former Surgeon General C. Everett Koop describes the risk as "so remote that it may never be measured." Texas law now requires health providers to use masks, latex gloves, and eye protection if they are doing procedures that might involve risk of transmission. This means we should expect our dentists and hygienists to use these protections.

Wouldn't HIV testing of health care providers protect me?

A negative HIV test would mean that this provider did not show antibodies at the time of the test. If the provider has engaged in any risky behaviors since the test, he or she might be infected at the moment of your visit. A test result taped to the wall will not protect us from transmission. Following universal precautions will.

Implementing the *ESR III* Curriculum Guide

Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases is a curriculum guide that allows teachers to incorporate important concepts about the prevention of HIV into existing subjects and courses. Texas teachers, school counselors, nurses, administrators, and other community health professionals provided valuable input into the development of the guide. The urgent challenges created by the life-threatening nature of HIV disease dictate that HIV education become an integral part of basic education. Such education will help children and adolescents to develop self-responsibility for their own personal *health* and *wellness*.

The *ESR III* guide contains four volumes of sample lesson plans and instructional activities, for prekindergarten through Grade 12, which are integrated across numerous content areas. The lesson plans and activities are correlated with the essential elements of instruction required by Title 19, Chapter 75, Texas Administrative Code (State Board of Education rules for curriculum). The broad range of topics related to communicable diseases, including HIV, provides the teacher with opportunities to select and adapt the lessons into planned course work as well as to expand and extend the instruction to include other appropriate essential elements.

The *ESR III* guide was designed for use by the regular classroom teacher and other instructional staff members within the school. Persons other than the school's instructional staff such as counselors and medical personnel should serve only in the role of guest speakers and resource persons, not as the teacher or instructional leader.

ESR III GOALS AND OBJECTIVES

The primary goal of HIV education is to prevent the spread of HIV infection. The goals for *ESR III* include:

- increasing the number of schools offering effective HIV education
- encouraging Texas students to make healthy, behavioral choices to prevent infection of communicable diseases, including HIV

The *ESR III* objectives are to help students in:
- learning the facts
- understanding the consequences
- taking action

These objectives translate into student outcomes which include:
- recognizing the facts related to communicable diseases including HIV/AIDS and other sexually transmitted diseases (STDs)
- comprehending the individual and group consequences of these diseases
- learning and practicing behaviors to ensure prevention and total wellness

ESR III SCOPE AND SEQUENCE

The scope and sequence chart on pages 00-00 allows the user to see at a glance the overall objectives of the *ESR III* curriculum for prekindergarten through Grade 12. Dots on the chart indicate the appropriate grade levels for implementing each of the objectives.

ESR III: Prevention of HIV/AIDS
Scope and Sequence

I. Major Objective: Learning the Facts

	PK	K	1	2	3	4	5	6	7	8	HS
A. What are communicable diseases, including HIV/AIDS? 1. Recognize some communicable diseases.	•	•	•	•	•						
2. Name some communicable and noncommunicable diseases.	•	•	•	•	•						
3. Identify differences between some communicable and noncommunicable diseases.						•	•				
4. Describe HIV/AIDS.						•	•	•	•	•	•
5. Differentiate between communicable and noncommunicable diseases.								•	•	•	•
6. Research and examine the history of communicable diseases, including HIV/AIDS.								•	•	•	•
B. What do students need to know about communicable diseases including HIV/AIDS? 1. Recognize methods of preventing, treating, and controlling some communicable diseases.	•	•	•	•	•						
2. Recognize the risk of contracting communicable diseases in some behaviors and situations.	•	•	•	•	•						
3. Recognize the roles of contaminated needles and of blood in the transmission of some diseases.	•	•	•	•	•						
4. Describe methods of transmission of some communicable diseases.	•	•	•	•	•						
5. Dispel myths and misinformation concerning some communicable diseases.	•	•	•	•	•						
6. Identify the significance of peers, role models, and social pressure in making decisions about behaviors.	•	•	•	•	•						
7. Identify healthy ways to encourage and demonstrate compassion for persons with special needs.	•	•	•	•	•						
8. Describe symptoms of some communicable diseases.	•	•	•	•	•	•	•				
9. Dispel myths and misinformation concerning HIV/AIDS.						•	•				
10. Describe methods of transmission of communicable diseases and of HIV infection.						•	•	•	•	•	•
11. Describe the methods of preventing, treating, and controlling diseases.						•	•	•	•	•	•
12. Explain the critical importance of preventing HIV infection.						•	•	•	•	•	•

I. Major Objective: Learning the Facts (continued)

	PK	K	1	2	3	4	5	6	7	8	HS
13. Examine the roles of contaminated needles and of blood in the transmission of HIV.						•	•	•	•	•	•
14. Examine issues of confidentiality and public reaction relative to HIV-infected persons.						•	•	•	•	•	•
15. Identify and analyze the significance of family, peers, role models, and social pressure in making decisions about behaviors.						•	•	•	•	•	•
16. Identify self-esteem and personal skills as factors in making decisions about behaviors.						•	•	•	•	•	•
17. Identify healthy ways to encourage and demonstrate sensitivity for persons with special needs, including PLWAs.						•	•	•	•	•	•
18. Describe symptoms of HIV infection and AIDS; identify testing procedures.								•	•	•	•
19. Describe the risk potential for HIV infection in specific behaviors and situations.								•	•	•	•
20. Describe the means through which HIV infection via sexual activity can be reduced.								•	•	•	•
21. Dispel myths and misinformation concerning HIV/AIDS; infer the origins of myths and misinformation.								•	•	•	•
C. Where can students go for information about communicable diseases, including HIV/AIDS? 1. Identify persons including family members who can help with information on diseases.	•	•	•	•	•						
2. Identify persons including family members who can help with information on communicable diseases, including HIV/AIDS.						•	•	•	•	•	•
3. Identify community professionals, programs, and resources.								•	•	•	•
4. Identify and use local and national hotlines.								•	•	•	•

II. Major Objective: Understanding the Consequences

	PK	K	1	2	3	4	5	6	7	8	HS
A. What happens to HIV-infected persons and friends/families?											
1. Recognize feelings and behaviors experienced by persons as a result of diseases.	•	•	•	•	•						
2. Examine the consequences of risky behaviors.	•	•	•	•	•						
3. Examine feelings and behaviors experienced by persons as a result of diseases.						•	•				
4. Describe the personal challenges experienced by PLWAs, their families, and others.						•	•	•	•	•	•
5. Explain the physical effects of HIV and AIDS.						•	•	•	•	•	•
6. Examine and predict the consequences of risky behaviors.						•	•	•	•	•	•
7. Explain and analyze differences between HIV infection and AIDS.						•	•	•	•	•	•
8. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.								•	•	•	•
9. Discuss and predict the social, legal, and economic effects on infected individuals.								•	•	•	•
10. Identify and evaluate ways to cope with illness/death.								•	•	•	•
B. What is occurring in the public sector as a consequence of HIV/AIDS?											
1. Recognize the need for school policies and procedures regarding injuries, illness, and diseases.	•	•	•	•	•						
2. Recognize the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.	•	•	•	•	•						
3. Describe school policies and procedures regarding injuries, illness, and diseases.						•	•				
4. Describe the roles and contributions of scientists and health professionals in the treatment and control of communicable disease.						•	•				
5. Discuss the statistical data available on HIV/AIDS.								•	•	•	•
6. Identify and analyze geographical patterns in the incidence of HIV/AIDS.								•	•	•	•
7. Identify and analyze media coverage of HIV/AIDS.								•	•	•	•
8. Identify, describe, and critique education efforts in the prevention of HIV infection.								•	•	•	•
9. Examine and critique school policies and procedures regarding HIV/AIDS.								•	•	•	•
10. Examine the roles and contributions of scientists and health professionals in the treatment and control of HIV/AIDS.								•	•	•	•
11. Recognize and analyze the political, ethical, and economic implications of HIV/AIDS.								•	•	•	•
12. Analyze the statistical data available on HIV/AIDS.											•

III. Major Objective: Taking Action

	PK	K	1	2	3	4	5	6	7	8	HS
A. How can students promote and enhance their own wellness? 1. Access factual information on some communicable diseases.	●	●	●	●	●	●	●				
2. Identify and practice personal safety and good health habits.	●	●	●	●	●	●	●	●	●	●	●
3. Develop and use skills for coping with change, success, and failure.	●	●	●	●	●	●	●	●	●	●	●
4. Avoid/minimize behaviors that may lead to disease, illness, and injury.	●	●	●	●	●	●	●	●	●	●	●
5. Communicate thoughts and feelings with knowledgeable, caring adults, i.e., family, school personnel, health professionals, etc.	●	●	●	●	●	●	●	●	●	●	●
6. Identify valid reasons to practice abstinence.							●	●	●	●	●
7. Access and critique information on communicable diseases, including HIV/AIDS.								●	●	●	●
8. Practice abstinence or, if sexually active, minimize risk factors.											●
B. How can a student develop self-responsibility?											
1. Define and practice self-responsibility in areas of living and wellness appropriate to age.	●	●	●	●	●						
2. Set and pursue appropriate short-term goals.	●	●	●	●	●	●	●				
3. Define self-responsibility and relate it to all areas of living and wellness.						●	●	●	●	●	●
4. Identify, develop, and practice good decision-making skills.	●	●	●	●	●	●	●	●	●	●	●
5. Practice behaviors and activities that enhance self-esteem.	●	●	●	●	●	●	●	●	●	●	●
6. Develop effective study and work skills.	●	●	●	●	●	●	●	●	●	●	●
7. Develop effective communication skills including listening, reading, writing, and speaking.	●	●	●	●	●	●	●	●	●	●	●
8. Gather and critique information to utilize in decision making and problem solving.						●	●	●	●	●	●
9. Set and pursue appropriate short- and long-term goals.								●	●	●	●
C. How can students relate to others in healthy ways?											
1. Develop and practice effective peer skills.	●	●	●	●	●						
2. Demonstrate ways to help others who experience problems.	●	●	●	●	●	●	●				
3. Recognize and value differences and similarities in individuals and families.	●	●	●	●	●	●	●	●	●	●	●
4. Develop and practice effective communication skills.	●	●	●	●	●	●	●	●	●	●	●
5. Develop and practice healthy ways to express thoughts and feelings.	●	●	●	●	●	●	●	●	●	●	●
6. Recognize the importance of accepting personal responsibility for group success.	●	●	●	●	●	●	●	●	●	●	●
7. Develop and practice effective peer skills including assertiveness and negotiating skills.						●	●	●	●	●	●
8. Formulate effective strategies for helping others who experience problems.								●	●	●	●

III. Major Objective: Taking Action (continued)

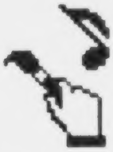
	PK	K	1	2	3	4	5	6	7	8	HS
D. How can students assist in societal battles against communicable diseases?											
1. Share correct information with peers and family.	•	•	•	•	•						
2. Recognize and demonstrate responsible behavior as a social responsibility.	•	•	•	•	•	•	•	•	•	•	•
3. Identify and share reliable information and appropriate assistance.						•	•	•	•	•	•
4. Communicate with decision makers on local, state, and national levels.								•	•	•	•

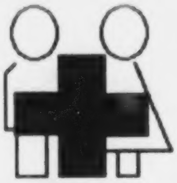
ORGANIZATION OF *ESR III*

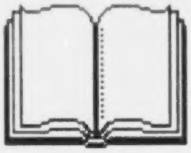
ESR III is divided into four volumes that are designated for prekindergarten-Grade 3, Grades 4-6, Grades 6-8, and Grades 9-12. Each volume stands alone for distribution to appropriate school personnel. Each contains sample age-appropriate lessons along with an introductory section and lists of resources to assist the administrators and teachers of HIV prevention education.

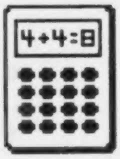
Each of the four grade-level volumes of the *ESR III* curriculum guide is divided into three sections: (1) introductory materials, (2) sample lessons, (3) resources. The introductory material provides an orientation to the nature of HIV disease, its implications for the public schools, and the potential of local communities for attacking the epidemic. The sample lessons are arranged in order of grade, and the suggested subject areas are identified in the upper right-hand corner of each page by an icon. The lessons are designed to be flexible, independent activities. Many of them can be reproduced as handouts, worksheets, and overhead transparencies.

Icons for the subject areas of *ESR III* sample lessons are as follows:

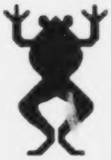

Fine Arts

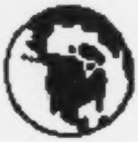

Health

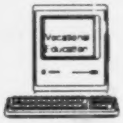

Language Arts



Mathematics

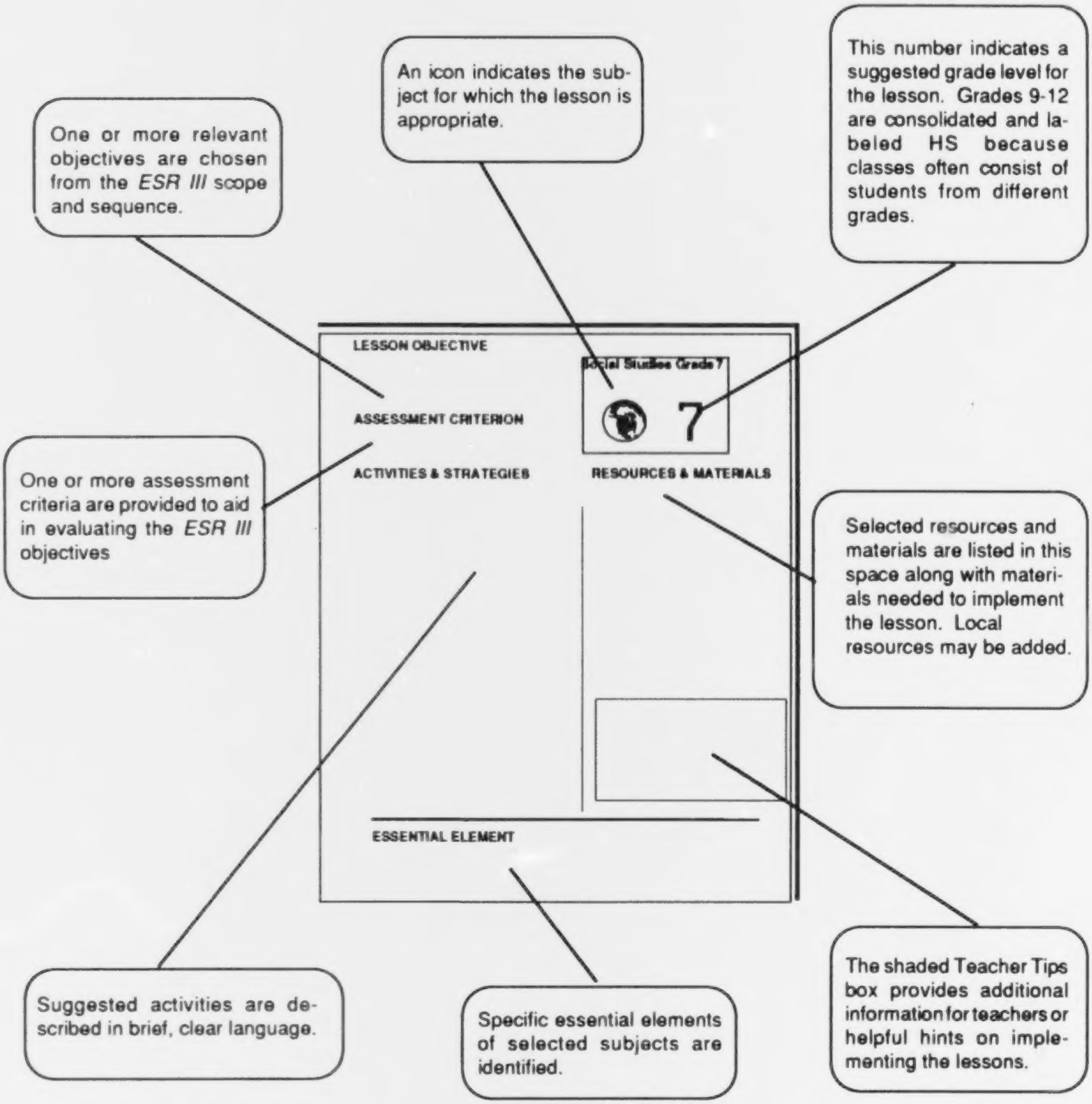

Science


Social Studies



Vocational Education

Using the *ESR III* Sample Lessons


LESSON OBJECTIVE
Social Studies Grade 7
7
ASSESSMENT CRITERION
ACTIVITIES & STRATEGIES
RESOURCES & MATERIALS
ESSENTIAL ELEMENT

An icon indicates the subject for which the lesson is appropriate.

This number indicates a suggested grade level for the lesson. Grades 9-12 are consolidated and labeled HS because classes often consist of students from different grades.

One or more relevant objectives are chosen from the *ESR III* scope and sequence.

One or more assessment criteria are provided to aid in evaluating the *ESR III* objectives

Selected resources and materials are listed in this space along with materials needed to implement the lesson. Local resources may be added.

Suggested activities are described in brief, clear language.

Specific essential elements of selected subjects are identified.

The shaded Teacher Tips box provides additional information for teachers or helpful hints on implementing the lessons.

CLASSROOM STRATEGIES

Education for Self-Responsibility III: Prevention of HIV/AIDS and Other Communicable Diseases provides the background information and the classroom activities to encourage Texas students to make behavioral choices that will help prevent infection with HIV and other communicable diseases and that will enhance total wellness. As in other content areas, teachers are encouraged to use processes and procedures that facilitate optimum student learning. Additional classroom strategies specific to *ESR III* are included below to be of assistance to the classroom teacher.

Setting the Climate and Context for Lessons on HIV

A climate in which students and teachers are comfortable discussing HIV and issues related to the disease is critical to promote comprehension and to ensure that questions are asked. A proper climate is characterized by a classroom atmosphere that is open and serious, without frightening students. In addition, teachers need to be available to respond to student questions to the best of their ability. Teachers must also be comfortable in their understanding of what the district administration wants them to teach in the classroom.

Handling HIV Content

Teaching about HIV can be uncomfortable, especially if it is a teacher's first attempt with the material. The following ideas may help to make the initial lesson a little easier:

- Emphasize the issues that will be of most importance to the students. For example, if you teach about virology, the history of the HIV epidemic and similar plagues, be sure to spend time on transmission and prevention issues as well. Remember, the main objective in the curriculum is to teach students to protect themselves from becoming infected with HIV.
- Present the material in a serious fashion — avoid making jokes to ease the tension.
- Use proper names for body parts and sexual and drug abuse behaviors — when everyone learns to use the correct terminology, many of these issues will become easier to discuss.
- Teach HIV content *after* basic child growth, development, and sexuality content has been taught. *ESR III* lessons for younger children do not include sexuality concepts but are age-appropriate lessons on health habits, safety, body privacy, etc.

Establishing Guidelines for Discussion

Set the following guidelines for discussion; give each student a copy of the guidelines or write them on the blackboard:

- Everyone is allowed to express his or her opinion and should be given a chance to do so without being interrupted.
- All points of view are worthy of being recognized. While it is permissible (and even encouraged) to question or disagree with other opinions, it is not permissible to embarrass, degrade, or preach to others.
- People learn by asking questions. NO question is dumb or wrong.
- It is acceptable for students and the teacher to blush, feel embarrassed, or not to know the answers to all the questions.
- Do not refer to specific people by name during discussion.
- Do not ask personal questions of other students or the teacher. Everyone has the right to "pass" on questions they do not wish to answer. The teacher has the same rights as students to choose not to answer any personal questions.
- The personal opinions, values, and experiences shared in the class should be kept confidential. Confidential means that students do not reveal who made the statements. Discussions with parents and students outside the class of the ideas and opinions that were expressed is encouraged. The motto is, "Remember what you heard, forget who said it."

Guiding Student Discussion

Students may be shy or embarrassed about discussing HIV infection at first. However, with a bit of encouragement, especially with a teacher whom they know well and with whom they are comfortable, a fulfilling, educational experience can occur. In fact, if teachers guide the discussion well, they may be relieved of some of the responsibility of having to explain all the issues.

The following suggestions will help teachers guide student discussion:

- Allow students to speak. Permit them to share their concerns, fears and attitudes.
- Encourage discussion. When a student makes a comment, ask a follow-up question such as, "Why do you think that?" to encourage him or her to complete the thought.
- Keep students on target. If the class discussion is focusing on the modes of transmission and a student says he or she has heard a person can get infected with HIV through casual contact, explain the facts and return to the discussion on the ways HIV is not transmitted.
- Comments such as "only gays and IV users get AIDS" may arise. Use these opportunities to clarify the issues, rather than allowing them to

detract from fact. Inform students why this comment is false and explain why all individuals are at risk if they practice certain behaviors.

- Listen to students. Make a concerted effort to let them know they are being heard. Respond to all questions and comments. This will encourage students to continue discussing important issues.
- Be responsive to students' needs and concerns. Provide students with additional information about issues of particular interest to them. Refer students to other resources when appropriate.

Answering Student Questions

Students of all ages know when they are given adequate answers to questions. It is a disservice to evade questions or provide only half an answer. Because of the constantly changing information regarding HIV, teachers should feel comfortable acknowledging their inability to answer the wide range of questions that may be posed as a result of class discussions. Teachers are encouraged to offer to find the answer to a question or to refer students to additional sources of information, including state and local health departments and the U.S. Public Health Service AIDS Hotline: 1-800-342-AIDS.

- Solicit student input. If a student asks a question during a class discussion, the teacher may ask other students to respond if it is appropriate. This may spark student discussion, as well. However, once this is done, the teacher may need to highlight the correct information and add any details the students omitted.
- When the teacher answers a question, the response should be direct, factual, honest, clear, and complete.
- It is important for the teacher to define words the student may not understand. It is also important for the teacher to provide all available and developmentally appropriate information. For instance, if a sixth grade student asks how HIV is transmitted, it is insufficient for the teacher to say, "one way is through sex." A more adequate response would be, "one way is through sexual intercourse with an infected person." Even better for a high school student would be "one way is through anal, oral, or vaginal sex when there is an exchange of infected semen, blood, or vaginal secretions."
- In answering a student question, keep references to people in the generic—i.e., not "you" but "a boy (or a girl)."
- An adequate response depends on the student's age and developmental stage as well as on school policy regarding what the teacher is allowed to say.
- It is also important for the teacher to encourage students to ask their parents or other trusted adults questions they may have about HIV.

Some classroom rules should be discussed and maintained to ensure optimum learning in cooperative groupings. Possible rules, to be adapted to the grade level, could include:

- All ideas and opinions are respected.
- Excessive noise and laughter will disturb other pairs or groups. Keep it quiet.
- Take turns listening and talking. No person should monopolize.
- Volunteer for roles that have been assigned. Each does his or her part.
- Keep on task. Get the job done.
- Remember everyone is responsible for all information. Group grades and individual grades should be given.

Role Play

Role playing is one effective classroom strategy to use in HIV education. The following guidelines will help students gain maximum understanding via this strategy.

In preparation the teacher can:

- explain the situation
- identify all the roles
- describe the relationship between the roles
- ask students to volunteer for roles rather than be assigned roles
- coach students and help students prepare who are not comfortable in front of group
- demonstrate the skill to be learned
- remind students to think and act in ways that the person they are roleplaying would think and behave, to put themselves in that person's place

During the role play, it is important to:

- identify the roles to the audience
- give the audience opportunities to be involved—players can use "inside comments;" the teacher can use "freeze" to comment on skills, words, concepts, etc.

After role play, the teacher can help students process by having them:

- discuss what they saw and heard
- analyze results
- suggest transference of situation/concepts to other situations
- make summations of concepts
- re-enact, if time permits, with other players, situations, and roles

Peer Education

Peer education is another important, effective strategy in HIV education, especially for middle school and high school students. Teenagers listen to what their friends say and turn to them for help. Convincing teenagers to do something that their friends won't do is difficult. A more effective method is to change the way teenage groups feel about certain actions—to change a group norm.

The idea of teens teaching teens has strong grounding in common sense. Indeed, peer education is not a new phenomenon. The practice of older students helping younger students allowed one-room schoolhouses to work in the 19th century. Tutors have long been a staple of education. In the 1960's, the concept first began to be applied to health and behavior education. Surveys such as the 1988 National Home Economics Association Study of teenagers' attitudes have found that adolescents turn to friends for advice before they turn to any other person, including parents, teachers, and clergy.

Specific to HIV education, peer education is outlined in the high school lesson plans as an informational activity rather than a peer counseling activity. Peer counseling, if developed, could be part of a larger more comprehensive peer education effort. In addition, if a peer education program is already in place at the school site, presenting HIV/AIDS facts to the peer educators is an important task for trained staff. Schools with interest in development of comprehensive, on-going programs can contact the following group for assistance and materials: The Peer Assistance Network of Texas, 1700 West 6th Street, Austin, TX 78703; (512)477-4491.

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IMPORTANT ISSUES

Effective HIV education addresses a number of important but difficult issues. Educators need to be aware of these sensitive issues and be prepared to handle them.

Handling Controversial Issues with Parents

Educators, parents, and others generally agree that children and teenagers should abstain from sexual involvement and never use injectable drugs. However, they do not agree on what should be taught in the classroom. Opinions range on a continuum from advocates of sexuality and HIV education in the schools to direct opponents of such education. Some topics such as condom instruction, abstinence only, various types of sexual intercourse, and homosexuality also elicit a variety of responses. School districts should involve parents and other community members in determining the most appropriate educational strategies to meet their students' needs. Because of the sensitive nature of the topics and materials, teachers must be prepared for differing viewpoints from these individuals. Teachers can explain what they have been authorized to teach to the parent of a student in their classroom. However, they should not argue with the parent but refer the parent to the building administrator.

Some parents may be apprehensive that their children will lose their innocence by receiving information about HIV infection. They fear talking about sexuality and drug use will encourage undesirable behaviors. These parents may wish to excuse their children from lessons on HIV. Administrators should request that those parents teach their own children. Such a situation may be difficult for the student who is excused and confusing to other students who do not understand why their classmate is not participating. The teacher could tell the other students that the parent wants to do the teaching at home and close the discussion with the statement, "And that's okay." The teacher will follow the school district's protocol for students who are excused from the classroom per the parent's request.

The school district should plan to address controversial issues through a variety of approaches including: parent involvement on a curriculum committee, presentation of Parent Preview Nights when parents are invited to review curriculum and videos, and provision of supplemental material on HIV for parents. These efforts should help provide visible, broad-based support for classroom teachers who must deliver HIV education material to students.

Student Questions About Homosexuality

Young students may want to know the definition of homosexuality; older students may want to know why some people are homosexuals and may ask about their sexual practices. In any case, it will be helpful for the teacher to be thoroughly prepared ahead of time for student questions and comments.

Teachers are encouraged to use their discretion in responding to questions about homosexuality. Teachers may find it helpful to explore with students the information they already have and to consider why students are asking the questions.

A straightforward response to the question, "What is the difference between a homosexual and a heterosexual?" might be, "Homosexual persons prefer sexual relations with people of the same sex; heterosexual persons prefer sexual relations with people of the opposite sex."

If a young person asks, "If a boy loves his father and other male relatives and friends, is he a homosexual?" The answer is, "No. We all can love family members and friends of the same sex. Homosexuality refers to sexual feelings toward, and sexual behaviors with, a person of the same sex." If an older student asks about the behaviors homosexual men perform, a teacher may appropriately explain, "Homosexual persons have sexual activity with same sex persons." The response the teacher provides should remain within the district's and state's guidelines regarding what may be taught. If an older student asks, "Why are some people homosexual?" a brief answer might be, "Researchers are uncertain why particular individuals are homosexual but generally agree that it is determined in the first few years of life and is seldom a conscious choice. Researchers suggest that genetic, hormonal, and environmental factors, in combination, lead some people to have homosexual feelings and behaviors. One thing we know is that one doesn't become homosexual just by knowing or being around homosexuals."

If a student of any age expresses negative opinions about homosexuality, the teacher's responsibility is to confirm the student's right to that opinion and to say that other people have different opinions on the subject.

HIV and Sexual Abuse/Sexual Assault

Cases of HIV infection as a result of sexual assault have been documented. In addition, studies show that one of three girls and one of 10 boys have experienced sexual molestation and abuse. Learning about HIV infection may cause anxieties among students who have been victimized. It is possible that some perpetrators of abuse are HIV-positive. Also, teachers should realize that pedophiles are usually heterosexual, not homosexual, and that HIV testing has not generally been required following sexual assault or sexual abuse.

Learning antivictimization techniques may also give some students the courage and permission to "tell someone." In all of these situations, teachers/school personnel (the person who *first* suspects or is told) must report the incident to police and/or the Texas Department of Human Services.

RED FLAGS

Health educators and researchers have identified a number of red-flag terms and expressions they recommend that teachers avoid using.

DO NOT USE	USE
• AIDS victim	PLWA —Person Living With AIDS
• High-risk group	Risky behavior
• Bodily fluids	The HIV virus is found in all body fluids, but the only body fluids implicated in transmission are blood, semen, and vaginal fluid.
• Intimate sexual contact; having sex	Intercourse (anal, vaginal, and oral)
• Condoms as protection	Latex condoms with spermicide, nonoxynol 9
• AIDS carrier	HIV positive or HIV infected
• IV drug use	IDU (injectable drug use)
• Good/bad decisions and behaviors	Healthy/unhealthy decisions and behaviors

RECOMMENDATIONS FOR USING *ESR III*

When planning the implementation of *ESR III* for the classroom, the first step for teachers is to familiarize themselves with the philosophy of HIV education presented in the curriculum guide and in district- and campus-level plans.

The recommended procedure for using *ESR III* is for teachers to:

- read through the introductory section to gain a broad understanding of Texas' overall effort to improve the health of Texas school children
- scan the sample lessons and resources to become familiar with lesson content
- identify any personal weaknesses in preparation for teaching HIV education and initiate plans to strengthen skills and knowledge in those areas
- develop a plan of implementation by consulting with other teachers of all grade levels and building grade-level files. Such plans will contribute to the continuity of students' experiences from grade to grade.
- plan lessons. Based on the characteristics of the class, the materials available, and personal judgment, teachers should select lessons and activities to teach.
- understand that the lessons may have one or more activities that may take varying amounts of time. All activities on a sample lesson page do not need to be completed in one lesson period.
- arrange for any additional materials needed to conduct the lessons
- teach HIV education as an integral part of the regular class
- involve the school librarian in screening and selecting materials

USING OTHER CURRICULAR MATERIALS

ESR III is an HIV education curriculum intended to supplement and enhance the total education of Texas school-age children. The HIV information presented is based on current health research. The facts presented to students throughout the curriculum must be consistent and correct. Some criteria educators should consider when selecting additional HIV education curricular materials include:

- Do the materials clearly supplement the existing curriculum? New curriculum materials should integrate easily into the overall academic program.
- Do the materials begin with early childhood and carry through to high school? HIV education must begin early in a child's life if high-risk behaviors related to HIV transmission are to be avoided.
- Do the materials fit into the comprehensive health program? A comprehensive health program includes health education in the classroom, health services provided by the school nurse, and a healthy school environment.
- Are the materials culturally sensitive? Public schools serve students from

diverse cultures. The variety of student backgrounds and traditions in the classroom must be considered.

- Are the materials founded on valid research? Use only materials and activities that are based on current HIV research.
- Do the materials have current, state-of-the-art information? Out-of-date HIV information resources and materials in the classroom and the library must not be used and should be removed.

EVALUATION

Evaluation is an essential part of any teaching and learning program. The educational process provides students with opportunities to master content, develop thinking skills, master skills needed to perform tasks, and change attitudes and behaviors based on new learning. In comparison, the evaluation process provides educators with opportunities to:

- confirm the hypotheses that served as the basis for the program plans
- examine strengths and weaknesses of the program
- draw conclusions based on the program's strengths and weaknesses
- analyze data that will substantiate future decisions concerning improvements to the program
- make decisions concerning recommended revisions

The ongoing evaluation process should occur at all levels from the classroom to the school campus, the school district, and the Texas Education Agency. Evaluation involves asking critical questions that will supply the data necessary to determine the effectiveness of the learning. The steps involved in the evaluation process include:

1) formulating clearly defined instructional objectives
2) gathering evidence that acknowledges the achievement of the stated objectives
3) analyzing and interpreting the evidence
4) assessing the strengths and weaknesses of the students
5) proposing modifications and improvements to the total program

The *ESR III* evaluation and assessment primarily involves the analysis and assessment of data related to two major areas:

- The *ESR III* curriculum guide
- The attitudes and behaviors of students

The success of any curriculum is dependent, in part, upon the individual teacher who uses it. In an effort to establish teacher usage of *ESR III* and to document teacher perceptions of the guide, an evaluation form is included in Appendix G.

The measurement and evaluation of attitude and behavior changes, unlike an on-going curricular evaluation, involves longitudinal studies. At some undetermined time after the implementation of *ESR III*, HIV prevention attitudes related to behavioral self-responsibility can be assessed through a pretest, post test format. Schools can gather data through self-report, survey instruments as a pre-test. Changes in student behavior and attitudes can then be measured through a post-test.

Adapting *ESR III* for Special Populations

HIV disease is a social problem crossing all lines of race, socioeconomic status, sex, education levels, learning levels, academic abilities, and maturation levels. All students who are capable of learning and understanding must be taught the facts about HIV/AIDS and the skills necessary to avoid the behaviors associated with HIV transmittal. Teachers should teach and students should master these concepts and related objectives in the same way that they teach and master other more conventional concepts and objectives.

The unique needs of students of special populations must be and can be met through the sample lessons and activities in *ESR III*. Many of the lessons are developed through cooperative learning and group processes. Options are offered that present other variations of teaching some lessons. Many of the lessons validate the variety of feelings and ideas of students. An important suggestion to teachers is to present these concepts in the same ways found effective when teaching other topics or subjects to these students, whatever the special needs may be.

Special populations include students who:
- have handicaps
- have academic difficulty
- are bilingual
- possess limited English proficiency
- are from migrant families
- are gifted and talented

A major goal of any education program is to provide all students with opportunities to advance to the full extent of their abilities. The state-required curriculum is designed to ensure a well-balanced single curriculum of instruction for all students regardless of special need or condition. Instruction for students with special needs is based on the same essential elements as is the instruction for general education students.

Special program personnel and regular instructional personnel are jointly responsible for the cooperative delivery of effective instruction. In school district programs for students identified as having special needs, these educators modify the method of instruction, pacing, and materials as necessary to provide these students the opportunity of learning the essential elements.

SPECIAL EDUCATION

Teachers with additional skills and training to maximize the learning of special education students can determine the amount and level of information required by their students. However, it is crucial that all special education students receive HIV education. The students are much more at risk for sexual abuse, exploitation, and molestation; are frequently socially unskilled and isolated; may want to please others; may innocently demonstrate behaviors that may alarm others; and may need highly graphic, concrete examples to learn these concepts.

Teachers can:
- break material down into manageable units
- use concrete examples and make information relevant to students
- teach core vocabulary before beginning a lesson
- move through material slowly
- consider choosing lessons designated for students younger than those they teach when this is appropriate (e.g., this approach might be useful for teaching mentally retarded students but may not be appropriate for a student with cerebral palsy)
- precede these lessons with lessons on human growth, development, and sexuality if students are developing sexually
- use teachable moments to reinforce the concepts throughout the year
- present sex, HIV/AIDS, and drug education at his or her discretion. (Judgements must be based on the appropriate time, the extent of information presented, and the student's ability to comprehend without being overly frightened.)
- include this area in discussions with parents and/or send parent letters about this early in the school year. (See sample parent letter in Appendice E and F)
- recognize that discussing sexuality and HIV/AIDS with special education students requires at least as much sensitivity as discussing the same issues with other students

Among special populations, schools must include students who are high-risk children/youth such as runaways, homeless, homosexuals, bisexuals, hemophiliacs, foster children, HIV-infected, PLWAs, etc. Some of these students have developed harmful coping skills to deal with difficult situations. Some of their difficult situations may surface as teachers begin to address the topics in HIV prevention education. To assist these high-risk youth, teachers must access all the services available in the school, and the school, together with parents, must access all the services offered by the community.

COMPENSATORY EDUCATION

Compensatory instruction is designed for students who are having academic difficulty in English language arts, mathematics, science, and social studies. Other students who may require remedial or compensatory instruction include migrant students, students whose primary language is not English, and prekindergarten or kindergarten children who have been identified as having developmental needs.

Compensatory instruction should extend and reinforce the regular program of instruction. Instruction in HIV education for students in this category should be:

- based on each student's functional instructional level
- modified as necessary to accommodate methodologies, pacing, and materials
- designed to include the essential elements of instruction

Some students in this category may need assistance with a single concept or skill while others may be functioning significantly below the age or grade level of their peers and therefore require more attention. Teachers of students with special needs should:

- identify specific skill needs to ensure that instruction is directed toward specific skill and concept deficits
- identify specific learning modalities and styles
- identify alternate instructional strategies
- compare appropriateness of the material and activities with the student's reading and maturity level

Special remedial and compensatory alternatives are available such as tutorials, special teachers to provide additional time on task, reading improvement courses, locally developed study skills courses, coaching, summer school, and counseling. The regular teacher and any other teacher who provides remedial or compensatory instruction in addition to regular classroom instruction should plan and coordinate instructional activities using a team approach. Instructional personnel should also have training in teaching HIV education. Regular instructional personnel and special personnel involved in the compensatory education program should work together to apply the same principles in HIV instruction as in other teaching. To be effective, the educators will:

- determine each student's instructional level and identify specific skill needs
- jointly design and implement lesson plans
- adapt or modify instruction based on continuous assessment of student progress

- use small-group instruction for students with the same skill needs
- limit independent activities to shorter periods of time
- ensure close monitoring of practice activities to prevent repetition of misunderstandings
- use concrete activities to teach skills and concepts
- use cross-age tutors, adult tutors, and peer tutors for one-on-one reinforcement
- arrange for adult coaches who can serve as mentors

BILINGUAL EDUCATION

To ensure that the goals of *ESR III* are met for limited English proficient (LEP) students, administrators and teachers must design a program equivalent to the program provided for native speakers. LEP students must have the opportunity to learn and use materials that develop expanded meanings of language, build vocabulary, and teach word recognition and comprehension techniques. To prevent feelings of isolation and low self-esteem that may result from a lack of proficiency in English, students should also be given frequent opportunities to participate in HIV education activities provided at the school and in the community. These activities can lead the students to experience success and consequently to improve their self-esteem and physical health and well-being.

Teachers who are certified as bilingual or English as a Second Language (ESL) instructors can team with personnel on emergency teaching permits to develop supplementary programs for LEP students. Parent volunteers and paraprofessionals can work with regular instructional personnel cooperatively to deliver the needed programs.

While modification of the instructional program involves changing the language in which the content is conveyed, the scope of the curriculum should remain the same. In an ESL program, the sequence in which the essential elements are presented can be modified to accommodate students' progress in acquiring English language skills. Emphasis on oral and visual stimuli aids students in grasping the concepts that English-speaking students develop by writing.

More specifically, the teacher can help students build card files and glossaries on HIV vocabulary, present the same information through a variety of different charts and visuals, encourage students to underline key words and important facts in their written assignments, and encourage categorizing of HIV words and information into meaningful groups. Teachers can also pair students for team learning.

In an ESL program, pacing modifications should be based on vocabulary concept development; in a bilingual program, dual language instruction enables teachers to use a process approach to the content area. Additionally, teachers can explain special vocabulary terms in the students' native language; write instructions using short, simple sentences; limit the number of problems that must be worked; record activities for independent listening assignments; de-emphasize speed and emphasize accuracy of work; ask open-ended questions to allow practice in thinking and speaking; and assign homework tasks that require a short reading time. Teachers also need to remember that the students' parents or families may not speak English or have few materials at home to support learning activities.

It is important that student materials, whether they are state-adopted textbooks in Spanish, teacher-made lessons, or district-developed aids to instruction, be modified to meet the students' academic needs. The teacher can modify student materials and activities by:
- providing pictures to illustrate new words
- offering a variety of reference materials at the students' instructional levels for independent work
- using a variety of activities from lower grade levels such as games to be played by pairs of students or small groups
- maintaining a library of supplementary books and workbooks written in simple English
- using diagrams and drawings to identify concepts and relationships
- providing films, records, filmstrips, and videotapes to be used independently or in small groups

MIGRANT STUDENTS

Effective teaching of migrant students is a challenge for many districts and individual schools. Thorough, careful analysis and diagnosis are needed to determine if migrant needs are due to lack of experience, lack of time on task, or need for remediation. An accurate assessment is essential in order to adapt the content of the curriculum, methods of instruction, and the direction of HIV education to meet migrant students' needs.

Migrant students are often limited in English proficiency, require compensatory and remedial assistance, and need enrichment activities to be challenged adequately. Sometimes, these students also attend school part-time, from six to seven months, or they may attend school for the full year. In either situation, gaps in their education are usually apparent.

Teachers can extract vital educational information concerning individual migrant students from the Migrant Student Record Transfer System (MSRTS) which reports credits earned in courses and partial work completed. If migrant counselors are available, they can assist teachers in planning instructional programs for migrant students. Continuity of instruction and provision of intensive remediation are two important ways in which teachers can provide an opportunity for migrant students to learn the essential elements of instruction. School districts can share information by using a checklist indicating which essential elements have been taught, which need to be reinforced, and which require further instruction.

The following list suggests ways that teachers can modify *ESR III* for migrant students:

- Assess the students' instructional levels through informal testing.
- Select and highlight the most important activities that help explain and give vocabulary to the essential elements.
- Prepare brief outlines of units to be studied and highlight important topics related to HIV education.
- Build independent units for elementary students that can be rearranged as needed to cover areas that the students have not been taught.
- Establish a buddy system for recording and reporting data and for completing assignments.
- Provide migrant students with oral tests and/or tape-recorded lessons when appropriate.
- Use a group language experience approach for oral language development.
- Allow the students to bring their own culture into the classroom by incorporating it into the content of the course.
- Capitalize on students' experiences of travel, work, and different family structures.
- Provide mentors for gifted migrant students who show ability and interest in a certain field, especially in health-related careers.
- Assign homework and course projects that are relevant to the migrant student.
- Allow opportunities for independent work that can be completed through prepared independent units of study.
- Use tutors to supplement instruction; keep student/teacher, aide, or peer ratio low.
- Establish extra classes in the evening, on weekends, and during the summer.
- Provide computer-assisted instruction for remedial and enrichment purposes.
- Assess facets of the students' migrant experience that can help them grasp and master certain essential elements.
- Modify textbook and other reading passages to an appropriate reading level.
- Make use of high-interest, low-reading level materials.

Educators may also use suggestions from the Compensatory Education, Bilingual Education, and Gifted and Talented Education sections of this curriculum guide to plan an effective instructional program for migrant students.

GIFTED AND TALENTED STUDENTS

An understanding of the needs and characteristics of gifted and talented students is the first step in adapting the *ESR III* curriculum guide for these students. Programs for gifted students modify or differentiate the curriculum used in the standard classroom regardless of content area. This does not imply that the curriculum is different, but rather that it accelerates, expands, or enriches the regular curriculum to suit the needs of the gifted learner. This is in keeping with Title 19, Chapter 75 of the Texas Administrative Code, which suggests that districts use these techniques when modifying the curriculum for gifted students.

Differentiation of the curriculum takes place in four areas. A differentiated curriculum contains in-depth content studies that are joined with sophisticated process skill development to result in sophisticated product development.

Differentiation of the HIV education curriculum can be effective in every subject or course area and at all grade levels. Gifted students should first be involved at the knowledge level. The importance of establishing a lifetime of healthy behavior habits can be taught through direct instruction and through films, books, pamphlets, periodicals, and resource individuals. At the appropriate time, administrators and teachers can accelerate, expand, and enrich the program by including activities that encourage students to:

- apply critical thinking and analysis skills to writing questions related to HIV disease
- sharpen creative thinking and communication skills by creating plays, poems, ads, slogans, posters, stories, and books for HIV education strategies and activities
- apply knowledge of HIV education by preparing brainteasers and puzzles to be used in a puzzle book for other students
- plan and present an assembly about HIV disease using songs, skits, poems, and choral readings that they have developed
- increase research skills by having students choose a topic related to HIV, state a thesis, conduct research, and then present findings in the form of a creative display or product
- develop leadership skills by planning and producing an HIV education campaign or assembly for preschool or elementary children
- develop an independent study project focusing on a topic related to HIV disease

Other modified or differentiated activities for gifted students can include:

- designing and setting up a learning center related to communicable diseases education, including HIV
- planning, scheduling, and providing follow-up activities for an in-class presentation by a physician, public health official, HIV education specialist, or other resource person
- publishing a school newsletter on health education, including HIV updates

MULTICULTURAL SENSITIVITY

Students of all communities and cultures have the right to and the need for education to prevent communicable diseases including HIV. Students' cultural diversity represents another challenge in the presentation of effective HIV education. Educators should also remember that cultural diversity exists within individual cultures in our country. Teachers should present *only as background information* the fact that HIV and other communicable diseases are over-represented in the Hispanic and the Black urban communities. Rather than focusing on differences that can quickly generate into stereotypes, teachers are encouraged to look at all their students and to consider and not violate the following characteristics:

- the religious beliefs/religious backgrounds
- the family values/traditions
- the family structure
- the family's socio-economic level
- the views/beliefs concerning women, children, and males
- prior sexual experiences
- attitudes involving health, sex, and family

These dimensions could be applicable to any student and dictate the need for teachers to be sensitive to the backgrounds and value systems of all students. Teachers must focus on factual information and on healthy behaviors. They must use teaching strategies that encourage students to examine and communicate their own beliefs and values. They must avoid damaging stereotypical thinking and unfounded biases whatever the cultural background of the student. See Appendix E.

Education
for
Self-Responsibility III:

PREVENTION
OF
HIV/AIDS

Sample Lessons

GRADE
6

Texas Education Agency

ESR III

Fine Arts **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-4. Describe HIV/AIDS.

ASSESSMENT CRITERION

Depict through art, the action of white blood cells.

ACTIVITIES & STRATEGIES

Provide students with the information on white blood cells, read from the Teacher Resource, or project this information on an overhead transparency. Ask students to depict, using any medium available, what they imagine these paragraphs portray.

Drawings do not need to be biologically correct.

Ask students to note the action depicted: white cells forming antibodies that attach themselves to germs (pathogens) and white cells attacking, surrounding, and digesting the pathogens.

RESOURCES & MATERIALS

Teacher Resource: "White Blood Cells"

Transparency

Paper, colors or other medium
Overhead projector and transparency

ESSENTIAL ELEMENT

Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to express individual ideas, thoughts, and feelings in simple media including drawing, painting, printmaking, constructing and modeling three-dimensional forms.

WHITE BLOOD CELLS

The blood cells that guard the body against disease and infection are the **white blood cells**. They are larger than red blood cells in the body. The production of white blood cells increases when the body has an infection. White blood cells generally stay in the bloodstream for less than 12 hours.

White blood cells fight infections in two ways. One is by forming substances called antibodies. **Antibodies** are proteins that destroy disease-causing organisms. White blood cells attack with their second method of fighting infections. They surround and digest the bacteria. While fighting infections, some white blood cells are killed as well as the bacteria. Some of the surrounding tissue cells are also killed. These dead cells plus tissue fluids and living white blood cells form pus.

White Blood Cells

It is important to note the following:

- White blood cells are larger and fewer than red blood cells.
- Most white cells are found in the lymph nodes not the blood stream; they enter the blood stream to fight an infection or to repair damage.
- White cells can recognize specific poisons and infections and can produce just the right antibodies to fight each kind.
- HIV, the virus that causes AIDS, attacks and kills certain white cells, the helper T cells.

Fine Arts **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Create artwork that depicts the origin of forefathers.

ACTIVITIES & STRATEGIES

Ask students to name countries from which their American forefathers immigrated. Ask them which people are the only true natives in this country. Ask students to talk to a parent or grandparent to confirm country (or countries) of origin of their family.

Provide students with a variety of materials to produce an art work which depicts or suggests their individual countries of origin. Small paper or cloth flags for example, would be appropriate visual mediums to use for this activity.

When the art work is complete, have the class guess which country is depicted as one of the ancestral countries of each student.

RESOURCES & MATERIALS

Poster board, string, yarn, scissors, paper of various colors, texture and weights, cloth scraps, etc., markers, crayons, chalk, etc.

ESSENTIAL ELEMENT

Art. Understanding and appreciation of self and others through art culture and heritage. The student shall be provided opportunities to develop art knowledge and judgement (person, home, and community).

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

Recognize influences of peer pressure and consequences of engaging in unhealthy behaviors.

ASSESSMENT CRITERION

Identify and practice self-responsibility skills when dealing with peer pressure

ACTIVITIES & STRATEGIES

On a large sheet of butcher paper using colored markers, make a three column chart labeled "Unsafe Practice," "Consequence," and "Healthy Behavior."

Under the "Unsafe Practice column," list items such as:
- using illegal drugs
- not brushing teeth
- not wearing seat belts
- smoking cigarettes
- not washing hands before eating

Have the students respond to each unsafe practice by telling the consequence of the activity and steps to avoid the unsafe practice.

Introduce the concept of peer pressure and have students share what they think it means. Explain that it's when friends try to get you to do something.

Divide the class into cooperative groups and assign them a situation that would model peer pressure and ask each group to pantomime it for the class. Each role-play situation should give the consequences of that activity and steps to avoid any unhealthy practices.

RESOURCES & MATERIALS

Butcher paper, colored markers

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The students shall be provided opportunities to identify daily practices that promote self-concept.

LESSON OBJECTIVES

I.B-13. Examine the roles of contaminated needles and of blood in the transmission of HIV.
I.B-16. Identify self-esteem and personal skills as factors in making decisions about behaviors.
I.B-20. Describe the means through which HIV infection via sexual activity can be reduced.

ASSESSMENT CRITERION

Review HIV prevention tactics.

ACTIVITIES & STRATEGIES

Play a game similar to the TV quiz game "Beat the Clock."

- Obtain a kitchen timer with a bell.
- Obtain two noise makers so students can signal when they have an answer to a question.
- Divide the class into two teams.
- Give each team member on both teams a number from 1 to 20.
- To see which two will get a chance to answer a question, simply call out any two numbers (e.g., " four" for one team, "seven" for the other team).
- Team members cannot play twice until all other members have played once.
- Give one question from the Teacher Resource, "Beat the Clock Questions," for each new pair of contestants. Set the timer for 30 seconds as soon as the question is asked.
- The first person to sound his or her noisemaker gets to answer the question.
- Award points for correct answers.
- Subtract one point for wrong answers.
- The team with the most points wins.
- Make sure students know the correct answer before moving on to the next question.
- If the timer goes off before either of the team members responds, two other contestants are chosen.

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

RESOURCES & MATERIALS

Timer with bell, two noisemakers

Teacher Tip

Use this activity after students have studied about healthy sexuality, reproductive systems, and about HIV/AIDS.

Teacher Resource: "Beat the Clock Questions"

ESSENTIAL ELEMENTS

- *Health. Concepts and skills that foster individual personal health and safety. The students shall be provided opportunities to identify daily practices that promote self-concept.*
- *Health. Health-related concepts and skills that involve interactions between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.*

LESSON OBJECTIVES

I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.
I.B-11. Describe the methods of preventing, treating, and controlling diseases.

ASSESSMENT CRITERION

Identify modes of HIV transmission.

ACTIVITIES & STRATEGIES

Ask each student to draw a chart with two columns on construction paper, title one column "How HIV Is Spread." Title the second column "How HIV Is Not Spread."

Pass out the worksheet, "How HIV Is Spread."

Have students cut out cards from the worksheet and paste each card in the correct column on their construction paper.

In a group discussion, review the correct answers.

Option:
Use the cards to make a mobile describing how HIV is not spread and another mobile describing how HIV is spread.

Option:
Make a transparency out of the worksheet. Ask students to draw two columns, halving a sheet of paper. Designate one: HOW HIV IS SPREAD; the other, HOW HIV IS NOT SPREAD. Write modes of transmission under each of the columns.

RESOURCES & MATERIALS

Worksheet: "How HIV Is Spread"
Glue, construction paper, scissors

ESSENTIAL ELEMENT

Health. Health-related skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Beat the Clock Questions

1. What does HIV stand for?
   (Human Immunodeficiency Virus)

2. What are two parts of our immune system that fight germs?
   (antibodies and white blood cells)

3. What does immune deficiency mean?
   (The immune system is not able to defend the body against invaders like viruses and bacteria. When viruses, bacteria, or other germs get inside the body and try to cause illness, the while blood cells get busy and are usually able to get rid of the germs. The immune system helps a person to stay healthy. When one becomes sick, the immune system helps fight off the sickness.)

4. What does AIDS stand for?
   (Acquired Immune Deficiency Syndrome)

5. What is one reason that antibodies and white blood cells cannot stop the virus that causes AIDS?
   (The viruses can hide in cells and mutate.)

6. What are two benefits of maintaining abstinence from sexual intercourse?
   (Prevention of HIV infection, other STDs, and pregnancy; fits with religion; no guilt, no bad reputation, no gossip; no child support; pleases parents; no mental and emotional stress.)

7. Can a person contract HIV from casual contact?
   (No)

8. Give two examples of casual contact known not to transmit HIV.
   (Students attending school with another student infected with HIV, person caring for family member infected with HIV, students attending a basketball game with another student who is infected with HIV, eating burgers at a restaurant with another student or family member who is infected with HIV, attending church with another student or friend who is HIV infected, and going swimming, skating, etc. with another student or family member who is HIV infected. There may be several variations that can be used as examples of casual contact.)

9. Can you contract HIV from kissing?
   (HIV is not transmitted through dry kissing, but there is no scientific consensus on French kissing. Although the virus has been found in saliva in very small amounts, no cases of transmission through saliva have been documented.)

10. What body fluids transmit HIV from one person to another?
    (semen, blood, and vaginal secretions)

11. Can HIV be passed by mosquitoes or other insects?
    (No. Research does not indicate that insects are capable of transmitting HIV or that they have ever done so.)

12. How do children contract HIV?
    (Most HIV-infected children have contracted HIV from an infected mother during pregnancy, childbirth, or breast feeding. A few became infected through blood transfusions they received before 1985.)

13. What are ways a person can keep from contracting HIV?
    - abstaining from sexual intercourse
    - not sharing infected needles
    - no blood to blood contact
    - no sharing of razors or tooth brushes

14. What are two ways a person can reduce the risk of contracting HIV?
    A person can reduce the risk of HIV infection by:
    - saving sex for a long-time adult relationship and using protection
    - washing with soap and water after contact with blood/blood spills

15. What does this statement mean: "It's not who you are but what you do that puts you at risk?"
    (HIV can effect anyone who engages in risky behaviors.)

16. What is self-respect?
    (being satisfied with your attitudes and behaviors; believing that you have self-worth and value)

17. What are three healthy qualities of a person with a good self-image or self-respect?
    (confidence when decisions are made, willingness to try something new that is healthy, ability to not let mistakes cause setbacks but to try again, ability to stand up against negative peer pressure, an assertive personality, ability to set goals for the future, willingness to ask for help if needed, etc.)

Health Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-8. Gather and critique information to utilize in decision making and problem solving.

ASSESSMENT CRITERION

Practice identifying and gathering resources to help in decision making.

ACTIVITIES & STRATEGIES

Begin by asking students to imagine that they are in the public library searching for information. Who would they ask for help? Where could they look for help?

Ask students to think about situations in their lives when they have needed to seek assistance from particular people in particular places. For example: a math assignment. Where? (home) Who? (father, brother, mother)

Explain that in this activity students will be faced with a number of situations. Ask them to imagine for a moment that these situations are occurring in their lives and that it is necessary for them to decide who will be useful and where they might go for assistance.

Pass out the worksheet, "Who and Where: Resources." After completion, ask for volunteers to share their answers.

Option:
Divide the class into groups of two students each. Assign each pair to research or complete a worksheet. Or, assign one situation to each pair. After research, have pairs compose a variety of answers, not just one suggestion.

RESOURCES & MATERIALS

Worksheet: "Who and Where: Resources"

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to relate the system of health services provided by the government to the health needs of the people.

NAME______________________________ **DATE**____________________

Who and Where: Resources

Directions: Read the following situations, imagining that you are the person named in the situation and have to find help for yourself. Write the names of people (who) and places (where) you might contact for assistance. Sometimes you may have several resources for the same situation.

Example: 1. Julio is lost and needs directions.

Who: ____

Where: ____

2. Varon has a sick pet.

3. Kevin is locked out of his house, and no one is home.

4. Shannika needs help with an art assignment.

5. Howard discovers a fire in the woods.

6. Rita finds a lost two-year-old child.

7. Guillermo needs to make a costume.

8. Jan's sister is using her things without asking.

9. Soccer season is starting, and Hector wants to join a team.

10. Helena's father's birthday is next week, and she wants to give him a present.

11. Tran's bicycle is missing.

12. Barbara's roller skates need to be repaired.

13. Jack is being harrassed by an older student.

14. Betty has questions about a disease.

15. O.J. needs more information and references for his report.

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.A-4. Describe HIV/AIDS.
I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.

ASSESSMENT CRITERION

Recognize ways HIV is and is not transmitted.

ACTIVITIES & STRATEGIES

Review communicable diseases and introduce HIV to the list:

- colds
- sore throat
- flu
- hepatitis
- chicken pox
- measles
- HIV

Ask the class: "What do we know about HIV?"

- AIDS is a very serious communicable disease.
- People who have AIDS are very sick.
- A germ (virus) causes AIDS.
- This germ gets into our blood.
- The good news is this germ is hard to get.

Emphasize HIV is not acquired by:

- hugging and kissing
- classroom contact
- coughing and sneezing
- toilet seats, clothes, and dishes
- sharing food and pencils

Explain simply that HIV is only spread:

- when someone with the virus shares blood with someone else
- when someone with the virus has sexual intercourse
- when a mother with the virus has a baby

Emphasize and discuss:
It is okay to be around people who have HIV and not be afraid of them.

RESOURCES & MATERIALS

ACTIVITIES & STRATEGIES, CONTINUED

Label one side of the room "Communicable," the other side "Noncommunicable." Allow the students to choose which side of the room to go to when the teacher reads the name of the disease.

Option:
Dictate to the students a list of diseases and ask them to place them into two columns on their paper, Communicable or Noncommunicable. Request that students make a note out to the side of these columns which diseases are hard to get and which are easy to get.

ESSENTIAL ELEMENT

Health. Health-related skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Health **Grade 6**

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-11. Describe the methods of preventing, treating, and controlling diseases.

ASSESSMENT CRITERION

Review HIV terms.

ACTIVITIES & STRATEGIES

Divide the class into small groups. Assign each group one of the two word puzzles from the worksheets, "HIV Word Find (Puzzles A and B)." Upon completion of the puzzles, ask one group for Puzzle A and the other group for Puzzle B to present the answers to the class.

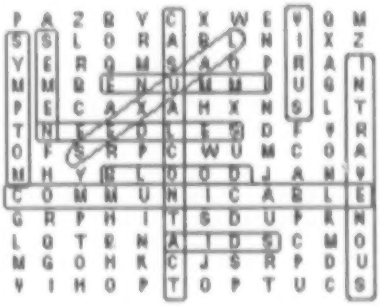
Ask students to write sentences containing words from Puzzle A using one word per sentence. Reconvene the small groups to check sentences. Serve as a reference when members of a group disagree.

Option:
Ask students to create their own word puzzles or crossword puzzles.

RESOURCES & MATERIALS

Worksheets: "HIV Word Find (Puzzles A and B)"
Teacher Resource, "Answer Key (Puzzles A and B)"

WORD FIND PUZZLE B
Key



ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The students shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment .

NAME________________________________ DATE____________________

HIV Word Find Puzzle B

Find the following words in the puzzle below: Words may be read up, down, across, or diagonally and could be read forward or backward.

AIDS
Blood
Casual contact
Communicable

Immune
Intravenous
Needles

Semen
Sexual
Symptom
Virus

P	A	Z	B	Y	C	X	W	E	V	Q	M
S	S	L	O	R	A	B	L	N	I	X	Z
Y	E	R	Q	M	S	A	O	P	R	A	I
M	M	B	E	N	U	M	M	I	U	G	N
P	E	C	A	X	A	H	X	N	S	L	T
T	N	E	E	D	L	E	S	D	F	V	R
O	F	S	R	P	C	W	U	M	C	O	A
M	H	Y	B	L	O	O	D	J	A	N	V
C	O	M	M	U	N	I	C	A	B	L	E
G	R	P	H	I	T	S	D	U	P	K	N
L	Q	T	B	N	A	I	D	S	C	M	O
M	G	O	H	K	C	J	S	R	P	D	U
V	I	H	O	P	T	O	P	T	U	C	S

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.
I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.
II.A-6. Examine and predict the consequences of risky behaviors.

ASSESSMENT CRITERION

Identify the ways HIV is transmitted and is not transmitted.

ACTIVITIES & STRATEGIES

Use the following technique to evaluate, correct, and retrain students on HIV/AIDS knowledge.

Ask students to clear their desk tops. Have them cut a strip of paper (approximately 8 1/2 x 4) from a sheet of paper. Explain to students that you will read a statement about HIV/AIDS. If the statement is true, they place the strip at the top of their desk. If it is false, at the bottom or part closest to them.

Read the following:
- HIV is caused by bacteria. (F)
- HIV is transmitted by sneezing. (F)
- HIV may be transmitted by using a hypodermic needle that someone else with HIV has used. (T)
- Every person who gets HIV infection will die from this disease. (F)
- Many people who get AIDS will die from this disease. (T)
- A person can get HIV from a swimming pool or toilet seat. (F)
- One can stop HIV from being transmitted by covering his or her mouth when sneezing. (F)
- Having a blood transfusion is a high risk for HIV infection. (F)
- Some babies have been infected with HIV from their mothers. (T)
- HIV is transmitted by sitting next to the infected person. (F)
- HIV may be transmitted by unprotected sex with an infected person. (T)
- HIV may be transmitted through a mosquito bite. (F)
- Donating blood is one way to risk HIV infection. (F)
- If a person looks healthy, he or she could not possibly transmit HIV. (F)

(You may wish to add to the list.)

Correct and cover points again as necessary.

RESOURCES & MATERIALS

Paper, scissors

ESSENTIAL ELEMENT

Health. Health-related skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Health **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.

ASSESSMENT CRITERION

Review and analyze high risk behaviors associated with HIV.

ACTIVITIES & STRATEGIES

Use the following technique to review important HIV facts.

- Letter each envelope with a large letter of the alphabet, A-T.
- Questions are found on the Teacher Resource.
- Cut each question individually and place in the corresponding envelope.
- Place surprises in each of the envelopes (e.g. gum, pencils, pennies, buttons, etc.)
- Tape all the envelopes to the blackboard or large display board.
- Obtain seven dice. Number each student starting with seven and going up to 42 (i.e. to correspond to the numbers coming up as the seven dice are rolled).
- Roll the dice to see who gets a chance to answer the question. The student gets to select an envelope to open.
- Ask the selected student to read the statement out loud and give the answer True or False.
- If a student gets the correct answer, then he or she receives the prize in the envelope. If the student does not answer the question correctly, the envelope is removed until all envelopes have been used. Then they are placed back on the board. No student should go twice until everyone has had a chance to answer a question.

Option:
To create a higher level of difficulty, ask the student to give an explanation of the answer.

RESOURCES & MATERIALS

Envelopes, prizes for each envelope, and dice (seven)

Teacher Resource

Answer Key

A. F	F. F	K. T	P. T
B. T	G. F	L. T	Q. T
C. F	H. F	M. F	R. F
D. T	I. T	N. F	S. T
E. T	J. F	O. T	T. T

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment.

Cut each statement individually and place in the corresponding envelope, labeled A-T.

A. HIV is transmitted by coughing.

B. HIV is transmitted through sexual intercourse.

C. You can get HIV infection if you donate blood.

D. There is a very small risk of getting HIV infection if you get a transfusion in the U.S. today.

E. If a mother is HIV-positive, her breast-fed baby may get the disease.

F. If your brother or sister has been tested HIV-positive, you will get the disease.

G. Those who take illegal drugs will get HIV.

H. A healthy-looking person cannot have HIV.

I. Picking up a discarded drug syringe on the playground could transmit HIV.

J. Hugging a friend who is HIV infected will infect you.

K. Some babies have been born HIV-infected because their mothers have the virus.

L. Engaging in a blood brother ceremony could transmit HIV if one of the persons is HIV-infected.

M. A vaccination at the doctor's office could transmit HIV.

N. If someone in your school is HIV-infected, you will get the disease.

O. Casual contact includes shaking hands, playing baseball, and sneezing.

P. Tattoo and ear-piercing needles must be sterile to avoid the risk of HIV transmission.

Q. Anyone is at risk of HIV infection if he or she engages in high risk behavior.

R. A vaccine to protect a person from HIV-infection is now available.

S. A pregnant woman who is HIV infected may give the infection to her unborn baby.

T. Washing hands with soap and water after contact with another person's blood lowers the risk of HIV infection.

Mathematics Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.B-5. Discuss the statistical data available on HIV/AIDS.

ASSESSMENT CRITERION

Practice skills in addition, subtraction, multiplication, and division of integers.

ACTIVITIES & STRATEGIES

Distribute the worksheet, "Texas AIDS Cases," to students. Inform them that the information on the worksheet is a summary from the Texas Department of Health.

Remind students that AIDS is caused by the human immunodeficiency virus (HIV). There is presently no cure or vaccine for HIV infection. People contract HIV through sexual intercourse and/or blood-to-blood contact with an infected person. A person can be HIV-infected and not know it and not feel ill. AIDS is a pattern of diseases that develops as the HIV infection damages the immune system.

Ask students to calculate and add to the worksheet the percent of people who died in each year of diagnosis and in the cumulative total.

To help students learn to interpret figures in tables and to learn more about HIV/AIDS, discuss these questions relative to the table:

- Why were 1991 figures so low? (data only included through March 1991)
- Why did the percentage of deaths decrease each year? (use of new drugs and treatments for diseases that are common to AIDS; earlier diagnosis, etc.)
- Why does it appear that AIDS cases have leveled off and even decreased, comparing 1989-90? (education encouraging people to avoid high-risk behaviors; blood and blood products for transfusions tested in this country for HIV antibodies since 1985, etc.)

Write this open-ended sentence on the chalkboard for students to complete privately: "To me, the statistics on Texas AIDS cases mean that..."

RESOURCES & MATERIALS

Worksheet: "Texas AIDS Cases"

Key:

Answers are 94, 88, 83, 71, 49, 26, 9 respectively, from 1980-85, and 63 for the cummulative total.

Chalkboard

ESSENTIAL ELEMENTS

Mathematics. Probability, statistics, and graphing. The student shall be provided opportunities to determine the extent to which the results of a sample population can be generalized to a large population.

NAME________________________________ DATE____________________

TEXAS AIDS CASES

By year of diagnosis

(March 1991)

STATEWIDE	CASES	DEATHS	% CFR*
1980-1985	1,202	1,125	
1986	1,338	1,181	
1987	2,134	1,778	
1988	2,337	1,649	
1989	2,684	1,305	
1990	2,269	593	
1991	111	10	
CUMULATIVE	12,075	7 641	

* Case Fatality Rate (percent of people who died in the year of diagnosis)

Mathematics Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.A-9. Discuss and predict the social, legal, and economic effects on infected individuals.

ASSESSMENT CRITERION

Calculate the estimated ultimate costs of U.S. AIDS cases which have been reported as of November 1991.

ACTIVITIES & STRATEGIES

One hundred thousand dollars is the estimated cost of health care for a person with AIDS for his or her lifetime. Give students the worksheet, "AIDS in the United States," or make it into a transparency for projection.

Ask the following questions:
- which state has the highest number?
- where does Texas rank?
- what is one reason North and South Dakota are so low? (low population)

Remind the students that these are numbers dated November 1991. Numbers are higher now. Also, state that the cost of caring for some PLWAs is higher than for others—$100,000 for a lifetime is an estimate. Many of these people are still alive--PLWAs are living longer because drugs and therapies are more effective now than earlier.

Call out three states and ask a student to multiply each of those cases by $100,000. Continue until all states are assigned. After individual students have completed their assignment, arrange the students in groups of four or five. Ask the groups to total their individual cases. Then on the chalkboard total the sums from all the groups.

Conclude by reminding the students that many scientists are working diligently to find a cure and a vaccine for AIDS. Review the ways in which AIDS is and is not transmitted.

You can get AIDS from:
- having sex with a person who is infected with the AIDS virus
- sharing needles with an infected person
- an infected mother to her baby before or during birth

RESOURCES & MATERIALS

Worksheet: "AIDS in the United States"

ACTIVITIES & STRATEGIES, CONTINUED

You won't get the AIDS virus from:
- going to school with someone who has AIDS
- living in the same house with someone who has AIDS
- hugging a person who has AIDS
- sharing a bathroom with someone who has AIDS
- donating blood
- swimming in a pool with someone who has AIDS

Ask students to complete the sentence: "One thing I will remember about AIDS is..."

ESSENTIAL ELEMENT

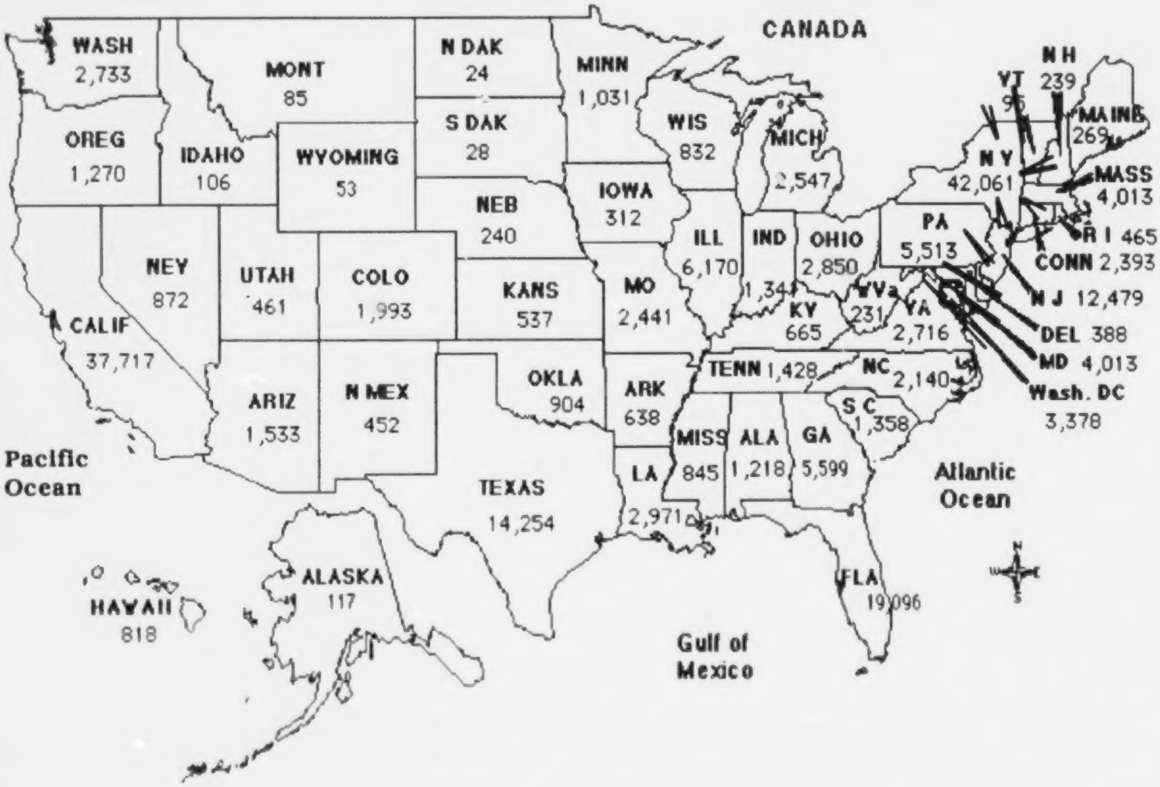
Mathematics. Probability, statistics, and graphing. The student shall be provided opportunities to collect, organize, and interpret data to solve application problems.

NAME________________________________ DATE____________________

AIDS in the United States

A total of 202,843* cases of AIDS was reported to the Centers for Disease Control through November 1991. As many as 1.5 million people are infected with the AIDS virus.

* The number of U.S. cases to this date was 196,161. The additional 6,662 cases were reported from Guam, U.S. Virgin Islands, and Puerto Rico.


CANADA
WASH 2,733
OREG 1,270
IDAHO 106
MONT 85
WYOMING 53
N DAK 24
S DAK 28
MINN 1,031
WIS 832
MICH 2,547
IOWA 312
NEB 240
NEV 872
UTAH 461
COLO 1,993
KANS 537
MO 2,441
ILL 6,170
IND 1,34
OHIO 2,850
KY 665
WVa 231
VA 2,716
PA 5,513
N Y 42,061
VT 95
N H 239
MAINE 269
MASS 4,013
R I 465
CONN 2,393
N J 12,479
DEL 388
MD 4,013
Wash. DC 3,378
CALIF 37,717
ARIZ 1,533
N MEX 452
OKLA 904
ARK 638
TENN 1,428
NC 2,140
S C 1,358
MISS 845
ALA 1,218
GA 5,599
LA 2,971
TEXAS 14,254
FLA 19,096
ALASKA 117
HAWAII 818
Pacific Ocean
Atlantic Ocean
Gulf of Mexico
N
S
W

Weekly Reader, March 2, 1992

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Develop effective decision-making skills.

ACTIVITIES & STRATEGIES

Discuss:

- the concept of healthy and unhealthy decisions
- situations in which all choices seem to have unpleasant consequences
- situations in which some consequences are easier to live or deal with than others

Hand out the worksheet, "Divided Decisions." Ask students to respond to each situation by writing on the reverse side of the paper.

Ask students to talk about the decisions they would make if they were in similar situations.

RESOURCES & MATERIALS

Worksheet: "Divided Decisions"

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to deduce from given information the cause-and-effect relationships.

NAME________________________________ DATE____________________

Divided Decisions

Directions: Read the following statements. For each one, answer the question, "What would you do?" On the back of the page, write your answer and several sentences explaining the reason for each decision.

1. Heather had a doctor's appointment at 4:00. Her parents told her to come home right after school. As she was riding her bicycle home, Heather realized that she had forgotten her homework. She stopped her bike on the sidewalk and thought about going back to school to get her homework. She knew that if she returned to school, she would be late for her doctor's appointment. She decided to go directly home.

2. As Matt was riding his minibike, he met an older boy whom he did not know. The boy introduced himself and said he would pay Matt $5.00 if he could ride the minibike for an hour. Matt really wanted the money so he decided to rent his minibike to the stranger.

3. Al was late for school, so he rode his new bicycle rather than walk. When he had ridden about halfway there, he met a friend who asked if he could ride the bike around the block just to try it out. After thinking about it, Al said, "Okay."

4. Juana wanted to play with her friend Belinda from across the street. Belinda's little sister also wanted to play, especially with the game cards. Although Juana was very concerned about the cards being lost, she let the small girl play with them.

LESSON OBJECTIVES

I.B-11. Describe the methods of preventing, treating, and controlling diseases.
I.B-18. Describe symptoms of HIV infection and AIDS; identify testing procedures.

ASSESSMENT CRITERION

Explain how the Human Immunodeficiency Virus attacks the body.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Tell students that HIV will be illustrated and explained through a skit.

Ask for a volunteer who:
- feels really healthy — give "J. Doe" card
- feels strong and protects his or her friends when they need protection — give "immune system" card
- has not been feeling well lately, maybe has had the sniffles — give "infectious virus" card
- knows someone with a rare disease — give "opportunistic disease" card
- has taken a risk lately like not wearing a seat belt — give "high-risk behavior" card

Ask the volunteers to come to the front of the classroom and pin their cards on their clothes with the numbers showing. Line up in numerical order.

Role play: Narrate the role play as the students play their parts as described in the teacher resource, "HIV/AIDS Skit."

Discussion:
- Ask the class to explain the role of each of the volunteers, in order, from one through five. As the class explains each role, have the student turn over his or her role card.
- Explain the purpose of the immune system.

Define *opportunistic disease*. Name some opportunistic diseases. (rare cancer, pneumonia, and other infections)

Ask the students to name the modes of HIV transmission or to list high-risk behaviors.

RESOURCES & MATERIALS

Make role play cards using six different colors of construction paper.
- Card 1 — write "J. Doe" on one side and 1 on the other.
- Card 2 — write "Immune System" on one side and 2 on the other.
- Card 3 — write "Infectious Illness" on one side and 3 on the other.
- Card 4 — write " Opportunistic Disease" on one side and 4 on the other.
- Card 5 — write " High Risk Behavior" on one side and 5 on the other.

Note:
The immune system protects the body against disease, illness, and infections. HIV weakens the immune system, leaving the body vulnerable to infection and opportunistic diseases.

Explain specifically that a high-risk behavior must be with someone who is HIV positive. Stress that it only takes one high risk behavior to contract HIV.

Teacher Resource: "HIV/AIDS Skit"

ESSENTIAL ELEMENT

Science. Experience in applying terms based on observations. The student shall be provided opportunities to state the differences between organisms, objects, and events using an operational definition.

HIV/AIDS Skit

This is a story about J. Doe (#1). Explain that this person, Jane or John (depending upon gender) Doe is a healthy young person about their age.

J. Doe has a friend who protects him or her from all sorts of germs and diseases. Have #2 walk to form a protective wall around J. Doe.

J. Doe is so healthy that a common virus and a rare virus try to get to him or her but his or her friend keeps them away. Have the student with the #3 card "Infectious Virus" (common cold, flu, etc.) and the #4 card "Opportunistic Disease" try to get to J. Doe without using force. #2 keeps them away. Have #'s 3 and 4 go to the end of the line.

J. Doe has a friend who talks him or her into a risky behavior, saying "we won't get in trouble." Have #5 convince J. Doe to do something risky. #5 then goes to the back of the line.

Because J. Doe and his friend did this behavior, J. Doe contracted HIV which weakened his or her immune system. Ask #2 to try and protect J. Doe with their hands behind their back.

J. Doe's immune system finds it harder to protect him or her and gets weaker and weaker allowing infectious viruses and rare diseases to get to J. Doe. Have #'s 3 and 4 walk over and get to J. Doe.

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Develop and practice effective decision-making skills.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Set up the room so that one side can represent one choice and the other side can represent the other choice. Place a descriptive label on each side. For example: one side—movies, other side — bicycle riding.

Ask students to move to the side representing their choice after you have asked, "If you had to make a choice, which would you prefer?" Explain that they are to choose quickly and move directly to the side of their choice.

When students have made their choices, approach one side as if you were a reporter. Ask several students in each group, "Why are you here?" After students have returned to their seats, have them think about whether they made the choice freely or were influenced by others.

Repeat the exercise five or six times, changing options each time. Examples:
- watch TV — ride bikes
- rainy day — sunny day
- afternoon alone — afternoon with friends
- dinner at home — dinner at a restaurant
- wash dishes — dry the dishes
- have a dog for a pet — have a cat for a pet
- scary movie — funny movie

You can add pairs of choices based on choices that are appropriate for your students.

Conclude by discussing questions such as:
- Are you more of a leader or a follower?
- Do you make decisions quickly or slowly?
- Do you usually feel good or bad about the decisions you make?

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to deduce from given information the cause-and-effect relationships.

Science **Grade 6**

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-21. Dispel myths and misinformation concerning HIV/AIDS; infer the origins of myths and misinformation.

ASSESSMENT CRITERION

Distinguish between HIV facts and myths.

ACTIVITIES & STRATEGIES

Hand out to the students the worksheet, "HIV—Myth or Fact."

Instruct the students to not sign their name. Give the students about 10 minutes to complete the worksheet. After completion, ask them to pass all the papers to the front. Shuffle the papers. Pass the papers back to the class. Read each statement out loud. After each statement is read, ask all the students who have an "M" to stand and move to one side of the room with a sign labeled "Myth." Students who have "F" answers stand under the sign "Fact." Continue the process with each statement. Discuss each statement and clarify any misconceptions. Use the Transparencies for clarification. For each statement that is a myth, discuss or speculate on the origin of the myth.

RESOURCES & MATERIALS

Worksheet: "HIV-Myth or Fact"
Posterboard and marker

Transparencies (2)

Teacher Tip

This lesson strategy allows for clarification of information without embarrassment or harassment.

HIV: Myth Or Fact Key

1. False
2. True
3. False
4. True
5. False
6. True
7. False
8. True
9. False
10. True
11. True

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes and form statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

NAME______________________________ **DATE**____________________

HIV: Myth Or Fact

Directions: We have heard a lot of information about HIV disease. Some of it may be misinformation. Which of the following statements about HIV disease do you think are really true? Write myth or fact on the line provided. Add statements to clarify fact statements when needed and correct myth statements.

______ 1. For most people with HIV in the U.S., HIV has been transmitted through heterosexual contact with infected persons.

______ 2. There is no risk of acquiring HIV from a blood transfusion.

______ 3. You can get AIDS from donating blood.

______ 4. Knowing your sexual partner and their past practices will help prevent the spread of HIV.

______ 5. Using birth control pills will prevent the spread of HIV.

______ 6. Using a condom will reduce the risk of the spread of HIV.

______ 7. Being near a person in school who has HIV can be a risk for transmission of HIV to you.

______ 8. Washing your hands often can help destroy HIV.

______ 9. You should make sure toilet seats are clean in order to not spread the AIDS virus.

______ 10. A person who has no symptoms of AIDS can be a carrier of the HIV.

______ 11. When handling blood or other body fluids, using a barrier will establish a buffer of safety from contact with HIV.

How is HIV Not Transmitted?

- HIV is not transmitted through casual contacts such as:
  - touching, shaking hands, hugging, carrying an infected person
  - sneezing, coughing, social kissing
  - showers, bathtubs, hot tubs, toilet seats, swimming pools
  - door knobs, typewriters, telephones, pencils, chairs, benches
  - through the air or by insects
- HIV infection is not spread by the process of giving blood. New transfusion equipment is used for each donor.
- Assuming that there has been no infection through contaminated blood, contaminated needles, or previous sexual partners, HIV infection is not spread by sexual intercourse between individuals who have maintained a sexual relationship exclusively with each other.

How Is HIV Transmitted?

- HIV can be transmitted through sexual contact—just like other sexually transmitted diseases (STDs). When an infected person engages in unprotected anal, vaginal, or oral sex during which blood, semen, or vaginal secretions are exchanged, HIV can be transmitted.

- HIV can be transmitted through sharing unsterile needles, including needles used for drugs and tattoos.

- HIV can be transmitted from a pregnant woman to her unborn child, at birth, or through breast-feeding.

- HIV can be transmitted through the transfusion of contaminated blood or blood products.

LESSON OBJECTIVE

III.C-5. Develop and practice healthy ways to express thoughts and feelings.

ASSESSMENT CRITERION

Identify healthy feelings and practice coping skills.

ACTIVITIES & STRATEGIES

Ask students to describe some of the physical feelings they may experience when they feel:
- happy (full of energy)
- sad (tired, quiet, weak)
- scared (sweaty, queasy stomach)
- mad (tight muscles)

Brainstorm as a class and list on the chalkboard or overhead transparency feelings such as: sad, rejected, bored, hurt, disappointed, jealous, angry, confused, etc.

They are to recognize each feeling; think of a situation in which they might feel that way; and list some things they can do to help themselves feel better or change their mood.

Ask: Situation (when)?
Dealing with it now (how)?

Write a list of feelings on the chalkboard.
- Have a student choose a feeling and role-play it for the class.
- After each emotion is acted out, ask the class to describe the facial expression, the body posture, the voice tone.
- Give the actors a task to do while they are role-playing the emotion (eating lunch, taking a test). Ask: Does how you feel affect the way you behave?

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

LESSON OBJECTIVES

I.B-21. Dispel myths and misinformation concerning HIV/AIDS; infer the origins of myths and misinformation.

III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

Identify HIV/AIDS information as correct or incorrect.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Ask students to think about what they have heard about HIV and AIDS. Write statements from students' input on the chalkboard or overhead transparency precisely* as reported; do not include the name of the contributing student.

Discuss each item after the list is complete; identify each as correct or incorrect. For some of the incorrect items, ask why people may think that is true even if it is not. Use a list of age-appropriate concepts to help with the appropriateness of answers and the discussion.

Use the list of statements for evaluation at the close of the session. Divide the class into small groups. Ask each group to mark *correct* or *incorrect* after you have erased or covered the answers. Next, ask each group to compile an hypothesis. Report the statement to the entire class.

Option:
Assign each incorrect statement to a small group. Ask groups to correct the statement with two or three sentences. Ask each group to report to the class.

*However, translate street talk into classroom language—i.e., "Another way to say that is..."

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Tip

Teach this after students have completed lessons on human growth, development, and sexuality.

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The student shall be provided opportunities to develop hypotheses and make inferences based on data.

Grades 6-8

Developmental Characteristics of Students

Students are likely to be:

- engaged in a search for identity (including sexual identity), asking "Who am I?" and "Am I normal?"; very centered on self
- influenced by peer pressure
- concerned about and experimenting with relationships between boys and girls
- confused about the homosexual feelings many of them will have experienced
- worried about the changes in their bodies
- able to understand the changes in their bodies
- able to understand that behavior has consequences, but may not believe the consequences could happen to them
- fearful of asking questions about sex that might make them appear uninformed
- willing to talk about sex to parents and other important adults if these adults are open and willing to listen

Appropriate Approaches To HIV Education

The primary goal is to teach students to protect themselves and others from infection with HIV.

- Students should learn the basic information about HIV transmission and prevention.
- HIV issues should be made as real as possible without overly frightening students. Movies about, or classroom visits from, people with AIDS have helped students in some schools overcome their denial of the disease. Such activities give AIDS a human face.
- The focus should be on health behaviors rather than on the medical aspects of the disease.
- Students should examine and affirm their own convictions.
- Students should rehearse making responsible decisions about sex, including responses to risky situations
- Students should know they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be helped to develop skills to assert this right.
- Emphasis is on abstinence; however, but it can not be assumed that all students will choose abstinence.
- Information about HIV should be presented in the context of other sexually transmitted diseases (STDs).

LESSON OBJECTIVE

I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.

ASSESSMENT CRITERION

List ways blood to blood contact can occur and show how casual contact does not spread HIV.

ACTIVITIES & STRATEGIES

Demonstrate in the following ways how skin keeps blood vessels and organs inside the body:
- Fill various clear containers with clear water.
- Have students touch the outside of the containers to see that they are still dry.
- Compare to the skin's function for our body.
- Shake the containers, turn them upside down, and show that they still stay dry on the outside.

Define and discuss *casual contact*. List: sneezing/coughing without covering mouth and nose; touching; hugging, etc. Ask: "If you do any of these things, will the germs get into the containers?"

Demonstrate in the following ways blood to blood contact which could happen through sharing needles (for drugs, tattooing, ear piercing):
- Make an opening in a container by taking off the lid.
- Draw up colored paint in a basting bulb and expel it showing a little paint still remains.
- Draw up some clear water in the basting bulb from a jar—show how the water looks colored in the bulb; now squirt the water back in the jar and show that the water in the jar changes color.
- Point out that sharing needles could spread HIV in the same way.

Demonstrate how a cut may allow blood contact (as in a blood brothers' ceremony).
- Make a slight crack in an egg; explain shell-like skin to students.
- Put paint over the crack and let the egg sit overnight.
- The next day remove the shell and show how the paint has colored the white of the egg.
- Explain ways such as the following to not get the HIV virus by protecting cuts:
  - Use bandages.
  - Wear gloves.
  - Have a person cover a bleeding cut.
  - Do not participate in a blood brother ceremony.
  - Do not pick up discarded needles, etc.

Closure: "I will protect myself from HIV infection by. . ."

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

RESOURCES & MATERIALS

Different types of clear containers, basting bulb, liquid water-based paint, hard boiled egg

Teacher Tip

In some families, especially those recently moved from Mexico, medications that require injections may be given at home. Emphasize that all needles must be sterile.

ESSENTIAL ELEMENT

Science. Acquire data through the senses. The student shall be provided opportunities to observe phenomena and apply knowledge of theories, facts, and concepts from the life, earth, and physical sciences.

Science **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Identify and practice positive self-talk and affirmations to enhance self-esteem.

ACTIVITIES & STRATEGIES

Obtain individual photographs of all students. Have each student mount his or her picture on a piece of construction paper.

Arrange students in small groups of four to six. Collect the group's pictures, shuffle them, and have each student select a picture without the other group members seeing his or her choice. If a student selects his or her own picture, collect, shuffle, and have the student make another selection.

Have one student at a time look at the picture and describe the person's characteristics and traits only in positive ways. For example:

- "I like your shiny hair."
- "I like your smile."
- "I like the way you play soccer."
- "I like the way you sing."

Have other members of the group guess which person is being described.

Option:
Have each student write his or her complete name on a slip of paper; fold slips. Shuffle the slips and have each student draw one that is not his or her own. Have each student think about the person whose name was drawn then describe characteristics and traits he or she likes about that person. ("I like this person's kindness," "I like this person's blue eyes," etc.) Continue until the group guesses correctly.

RESOURCES & MATERIALS

Pictures of each student (either from home or taken by you), glue, construction paper

TEACHER TIP

Refer students to classroom ground rules. Have students try to think about qualities other than physical appearance that help us describe someone.

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, form generalized statements. The student shall be provided opportunities to predict the outcomes of actions based on experience or data.

Science Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Identify changes that maturity and experience bring to decision making.

ACTIVITIES & STRATEGIES

Focus on the fact that one of the privileges of growing older is being able to make more decisions for oneself.

Have students think about and recall the things they could decide when they were in kindergarten. Write these on the chalkboard or overhead transparency. Ask them to compare those decisions with the kinds of decisions they now make daily. Write these on the chalkboard or overhead transparency.

Discuss and record what types of decisions they are making concerning:
- self
- family
- recreation
- school
- money

Have each student make a chart that illustrates the following:
- When I was five, my parents let me decide...
- Now my parents let me decide ...
- When I am in junior high (or middle school or high school), my parents will let me decide...

Point out that maturity and experience typically underlie the widening scope of decision-making powers gained as an individual grows into adulthood. Also, emphasize that most adults give more responsibility to young people who made good decisions and were responsible in the past.

Encourage students to take their decision charts home and discuss the accuracy of the charts with their parents.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Science. Draw logical inferences, predict outcomes, and form generalized statements. The students shall be provided opportunities to predict the outcomes of actions based on experience or data.

Social Studies **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.B-7. Identify and analyze media coverage for HIV/AIDS.

ASSESSMENT CRITERION

Access and examine newspaper articles on the topic of HIV/AIDS.

ACTIVITIES & STRATEGIES

Prepare a bulletin board for newspaper clippings on HIV/AIDS. Clip and post two or three articles to initiate interest. Ask students to contribute to the display during a period of several weeks.

Read articles posted on the board and identify facts of interest and relevance to students. Print these facts on a sheet of paper under the heading, "What Newspapers Tell Young People About HIV/AIDS." Read the list to the class and post the list with the clippings.

As a class, organize the articles into groups of similar viewpoints.

Option:
Make a bulletin board for clippings on a famous person who is HIV-infected—i.e., Magic Johnson.

Closure: Have each student write, "Two new facts I learned about HIV/AIDS from newspapers are..."

RESOURCES & MATERIALS

Bulletin board

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to use compromise and negotaition to resolve conflicts and differences and work individually or with others to decide an appropriate course of action.

LESSON OBJECTIVE

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Use compromise as a strategy in problem solving.

ACTIVITIES & STRATEGIES

Write the word *compromise* on the chalkboard or on the overhead transparency. Ask students what they think compromise means. One definition: settlement of differences with a decision that everyone involved agrees upon. Ask students to suggest some ideas or concepts that relate to compromise. Include: recognizing a disagreement, negotiating or suggesting other possibilities until there is agreement on one possibility, working it out so there are no losers, only winners, realizing that each person usually gives and forfeits something, knowing that compromise can be simple to complex, etc.

Ask students to suggest disagreements that could profit from compromise or disagreements that students their age may have. Use the model on the right to illustrate one or two of the suggested situations.

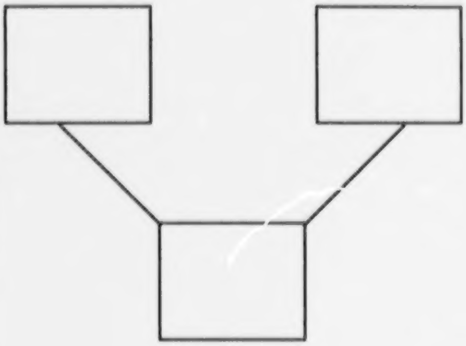
Ask students, working in pairs, and using the model, to take opposite sides of two of the following situations. Tell them to come to a compromise on each situation. Ask the pairs to report, comparing compromises if the same situation has been chosen by two or more pairs.

1. Neal wants to see *Star Wars XX* and Rashad wants to see *Terminator X*.
2. Two sisters have $5 together to buy their mother a gift. Jennie wants to get her a book, and Ruthie thinks a bottle of cologne would be nicer.
3. Both Calvin and Tim want to read the sports page.
4. Darruth's mother wants to buy root beer for the party and Darruth wants cola.
5. Jack wants to buy beer for the picnic, and Oscar wants to buy sodas.
6. Susan and Adrianna share a bedroom. Susan wants to paint the walls blue, and Adrianna wants white.
7. Hermie's big brother is driving him to school and stops at a friend's house, although Hermie's classes start in 10 minutes.

Ask students, "What if in a very serious situation you can not reach a compromise?" "What if someone wants you to do something unhealthy and does not want to compromise?"

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency



ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to use compromise and negotiation to resolve conflicts and differences and work individually or with others to decide an appropriate course of action.

Social Studies Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-7. Develop and practice effective peer skills including assertiveness and negotiating skills.

ASSESSMENT CRITERION

Practice assertively saying *no* to possible risky behavior situations.

ACTIVITIES & STRATEGIES

Give students examples of saying *no*. Ask them to put their thumbs up if the statement is assertive, their thumbs down if it is not. Examples are:

1. "You're stupid for smoking cigarettes."
2. "I hate you because you are stealing from my friends."
3. "I feel that skipping school would be wrong for me."

Explain that number one is demeaning, a put down. It is not assertive, (thumbs down). Number two is hostile and aggressive, not assertive, (thumbs down). Number three is an assertive statement, (thumbs up). Assertive statements are most effective. Referring to the transparency, "Guidelines for Assertive Statements," explain that assertive statements include: eye contact, firm voice, body language that says the same thing as the statement, and an *I* statement gives your thoughts and feelings and also gives a truthful reason for your action or choice. *I* messages do not attack or demean others. Ask volunteers to give examples of statements; ask the class to respond with thumbs.

Next, divide the class into groups of three. Distribute the worksheet, "Pressure Lines," to each group. Have one student read a situation and a pressure line. Have the second student in each group respond, using an assertive statement. Direct the third student to observe the dialogue and report to the group which of the four guidelines for assertive behavior was observed. With each new pressure line ask the students to rotate roles. Walk around the room and give positive feedback to student responses. Allow students to add scenarios that they think they might encounter.

Option:
Videotape the students as they act out the scenarios.

RESOURCES & MATERIALS

Transparency: "Guidelines for Assertive Statements"
Worksheet: "Pressure Lines"

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to recognize that individuals must accept the consequences of their decisions and use compromise and negotiation to resolve conflicts and decisions.

Guidelines for Assertive Statements

- eye contact
- firm voice
- body language that says the same thing as the statement
- *I* statement that gives your thoughts and feelings and also gives a truthful reason for your action or choice

NAME________________________ DATE________________

Pressure Lines

Situation 1

A good friend wants to become your blood brother. To become a blood brother, you make a cut in both your fingers and press them together. Today, he brought a razor to school and is pressuring you to do it. He says:

- "Everybody's doing it!"
- "If you are my friend, you'll do it."
- "I know you want to do it, you're just afraid."

Situation 2

You're at a party. Your boyfriend (girlfriend) takes you into the bedroom and starts kissing you and leaning on you. He or she says:

- "Everybody does it!"
- "If you love me, you'll let me."
- "I know you want to have sex, too. You're just afraid of what people will say."

Situation 3

You are on your way home from school. As you cut through the park, some of your sister's friends call you over. They want you to try a new drug. They say:

- "Go ahead and try it. We'll make sure nothing bad happens."
- "I know you want to. You're just afraid of what people might say."
- "Don't you want to try and see what it's like?"

Social Studies Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-15. Identify and analyze the significance of family, peers, role models, and social pressure in making decisions about behavior.

ASSESSMENT CRITERION

Improve decision-making abilities and social responsibilities.

ACTIVITIES & STRATEGIES

Discuss with the students:
How often do you think you do things just because your friends are doing them? Why?

Discuss whether the students feel they make the most of their own decisions. Ask them to give some examples.

Play the game of "Simple Simon" with the students.

- Each may have an opportunity to be the leader. Discuss how it feels to be the leader. List possible characteristics of a leader.
- How did it feel to be a follower? Were you comfortable in both roles? Were you more comfortable in one of the roles? Which one?

Talk about role models.
Ask: "Who is the person you would most want to be like? Why?"

Name a person from each category in the following areas you would most admire. Write a profile about that person.

- an actor or actress
- an athlete
- a TV character
- an older friend or sibling
- a parent
- a political or religious figure

Research a story of a person who went against the tide and followed what he or she believed, even though the majority disagreed.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to identify traits of democratic leadership and demonstrate them by assuming leadership positions.

Social Studies **Grade 6**

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.D-1. Share correct information with peers and family.
III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

Increase the awareness of a wide variety of knowledge levels and opinions about HIV.

ACTIVITIES & STRATEGIES

Students are often asked to give advice to their friends. Sometimes the students receive anonymous notes or phone calls. Ask the students to imagine that they are the editor of a student newspaper. The last edition of the newspaper contained a number of articles about HIV and AIDS hysteria. The article prompted lots of letters. Choose one and write a response.

Dear Student Editor:

I've been getting a lot of static from my friends. In class the other day I said that people who contracted AIDS by whatever means have and can make positive contributions. I described the accomplishments of people like Liberace, Ryan White, and some names I read in a magazine article. All people have value. My friends say I'm strange to think like I do. What do you think?

Not Sure

Dear Student Editor:

My friends say that people who have AIDS are being punished for evil things they've done in their lives. I've never looked at AIDS patients that way. Could they be right?

Need Help

Option:
Ask the students to compose and submit their own anonymous letter to the editor. The class may write a response.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to respect rights of people to behave in ways consistent with personal and societal value systems.

Social Studies Grade 6

6

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.A-8. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.

ASSESSMENT CRITERION

Identify and explore personal beliefs and opinions concerning HIV.

ACTIVITIES & STRATEGIES

Explain to the students that each individual has his or her own beliefs. As a citizen, one should respect differences in attitudes and beliefs.

Ask students to draw vertical lines on a piece of paper to make 10 equal parts. Then instruct them to number these 1 to 10 from top to bottom.

Read the statement and the color code from the Teacher Resource. Ask students to color each section according to their response.

Ask the students to share their papers. How are they different? How the same? Does a paper have many of the same colors for sections 6 through 10?

Ask the class the following questions:
- What makes people different?
- Is it good or bad to be different from others?
- Are any of the papers similar?
- How does it feel to be different in looks, style, habits, etc.?
- How should we treat people who look or act different from ourselves?
- What pressures are there to be respected for who you are?
- What does it feel like to be respected for who you are?
- HIV is a new issue for us to deal with. How do you feel when you hear the word HIV or AIDS?
- How does a person feel who is HIV-infected?
- How do you think a person who is HIV-infected be treated?

Have the students develop additional questions. Use selections of music or show pictures to elicit responses. Discuss the differences.

Option:
Ask students to write some questions which they would like to ask classmates. Have classmates answer with a feeling color only.

RESOURCES & MATERIALS

Typing paper and a set of colors for each student

Teacher Resource

ESSENTIAL ELEMENT

Social studies. Citizenship. The student shall be provided opportunities to respect rights of people to behave in ways consistent with personal and societal value systems.

Read the statement and the color code. Ask the students to color each section according to their response.

Color guide:

Red = Strongly, always agree
Blue = Sometimes agree
Yellow = Strongly, always disagree
Green = Sometimes disagree

1. I never make assumptions based on a person's gender.
2. I enjoy spending time with my parents.
3. I would be a good parent.
4. My family's opinion is very important to me.
5. I expect to live at least to age 65.
6. I never make presumptions based on the color of a person's skin.
7. I listen and think about criticism rather than just getting upset.
8. I try to understand what other people are feeling.
9. I find it easy to show love and concern for those I care about.
10. I express my feelings easily without waiting to see what others think first.

Notes

Notes

Education
for
Self-Responsibility III:

PREVENTION OF HIV/AIDS

Sample Lessons

GRADES 7/8

Texas Education Agency

ESR III

Fine Arts **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-10. Describe methods of transmission of communicable diseases and HIV infection.

III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

State the ways HIV is transmitted and not transmitted. Practice sharing reliable information with peers.

ACTIVITIES & STRATEGIES

The teacher will need to help coordinate this project. The purpose is to develop a set of posters to help students throughout the school learn facts about HIV transmission.

Divide the class into small groups of four to six students. Choose a recorder for each group. Ask the recorder to take notes. Lead a discussion covering the most important facts about HIV and modes of transportation. As a group, make a plan to develop a poster that is attractive and effective. Different persons in the group should be assigned to work on illustrating the poster with drawings or three-dimensional objects.

Arrange the posters in an attractive way for a major display in the hallway, library, or location specified by the teacher. These posters would also be effective displayed in the school board meeting room or the district's main administrative offices.

Teacher: See other *ESR III* lessons which include transparencies and teacher resources to review methods of transmission.

RESOURCES & MATERIALS

Poster board, markers

Teacher Tip

Secure permission and wall space from the building administrator before beginning this activity. Also, discuss poster plans with each group to ensure that posters are appropriate for school display.

ESSENTIAL ELEMENT

Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to work with design, drawing, painting, printmaking, sculpture, and crafts.

Fine Arts **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-11. Describe the methods of preventing, treating, and controlling diseases.

I.B-13. Examine the roles of contaminated needles and of blood in the transmission of HIV.

ASSESSMENT CRITERION

Illustrate key points about HIV transmission and prevention.

ACTIVITIES & STRATEGIES

Divide the class into small groups of four or five students. Have each group make a poster illustrating HIV transmission and prevention. The poster can focus on any of the following:
- HIV transmission
- the seriousness of HIV infection
- HIV preventative measures
- risk reduction behavior
- where and how to get more information on HIV

Distribute pamphlets, newsprint, and felt tip pens.

Ask each group to display its poster. Allow students to briefly explain the key points of the posters, including transmission, prevention, and responsibility.

Option:
Posters can be created that are developmentally appropriate for elementary grades. With approval and coordination of administrators, the posters can be displayed. A contest can also be an effective strategy.

RESOURCES & MATERIALS

Poster paper, markers, newspapers, magazines, and pamphlets with up-to-date HIV information

Sources:
- Texas Department of Health or local health department
- county health department
- regional education service center
- hospitals
- clinics

Teacher Tip

If posters are to be displayed on the classroom or hallway walls, monitor the appropriateness of the message and the art work before students complete the project.

ESSENTIAL ELEMENTS
- *Art. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to work with design, drawing, painting, printmaking, sculpture, and crafts.*
- *Art. Aesthetic growth through visual discrimination and judgment. The student shall be provided opportunities to evaluate artwork of students and major artists.*

Fine Arts **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-12. Explain the critical importance of preventing HIV infection.

ASSESSMENT CRITERION

Illustrate strategies for HIV prevention.

ACTIVITIES & STRATEGIES

Explain to the students that education is the only cure or vaccine against HIV infection.

Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate the risk of being infected.

Ask the students to create and illustrate a HIV prevention message. Suggested activities may include:
- designing a poster that illustrates a HIV prevention visual message using only one word. The message will be 50 percent visual and 50 percent written message.
- developing a cartoon, using nongendered characters, on saying "No" to sex. Represent one as eager for sex and the other as reluctant for fear of HIV infection.
- creating a new international symbol using only one color. Use a monochrome schemata to symbolize HIV epidemic warnings.
- designing a button that illustrates a HIV prevention message.

Any of these activities can be strengthened by extending the lesson to include a contest between classes or grades.

RESOURCES & MATERIALS

Button machine, logo, sample cartoons, poster paint, rulers, compasses, masking tape

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ESSENTIAL ELEMENTS

- *Art. Grades 7/8. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to work with design, drawing, painting, printmaking, sculpture, and crafts.*
- *Art. Grades 7/8. Aesthetic growth through visual discrimination and judgment. The student shall be provided opportunities to evaluate artwork of students and major artists.*

Fine Arts **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.A-5. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.
II.B-10. Identify and evaluate ways to cope with illness/death.

ASSESSMENT CRITERION

Illustrate feelings experienced as a result of HIV/AIDS.

ACTIVITIES & STRATEGIES

Review the guidelines for classroom discussion to include no put-downs and the ability to pass. Lead a brief discussion on the feelings a person might experience when dealing with a serious illness or death. Correlate these feelings to the persons who deal with a loved one dying of AIDS. Although most adolescents have adequate communication skills to meet their needs, it may be difficult for them to verbalize their feelings. This lesson will give each student an opportunity to illustrate feelings through a form of art.

Ask the students: "How important is art in the life of a person dealing with the loss of a loved one to AIDS?"

- The realities of impending death are difficult under any circumstances, but especially in AIDS cases. Ask: "Do you agree with this statement and why?" Participating in art activities allow an avenue for expressing their sense of loss and grief in a healthy way.
- Most people with AIDS are in the prime of their lives when they confront illness, disability, dependence, and death. Ask: "Do you know a person (friend, relative, or famous celebrity) that has had these experiences?" Joining in inventive expressions allow opportunities to process those feelings and expressions, to share with the group, and give support to other persons in the group.
- Feeling close to a dying person, a person is likely to experience hopelessness, bitterness, isolation, anger, resentment,sorrow, or a sense of loss. Ask: "How might you help if you notice this type of behavior in a friend or loved one?" Participating in fine arts expressions allow permissible opportunities to have fun, laugh, share, and cry in a serious situation.
- A person may develop new thoughts about his or her own mortality. Ask: "Why?"
- Although painful, the experience of sharing a loved one's last days or hours also can be enriching. Ask: "Why?" Participating in imaginative expressions provide a place to prepare for separation from loved ones. The scars left by

RESOURCES & MATERIALS

Wood, paper, personal objects, colored pencils, drawing paper, crayons

Teacher Tip
Reinforce the fact that family, friends, and counselors can help a person through these difficult times.

ACTIVITIES & STRATEGIES, Continued

this loss are less severe if all members have worked through the dying and have practiced the separation process comfortably and peacefully.

Ask the student to:

- create a shadow box using objects that reflect a person who has died from AIDS. The finished projects can be displayed in the classroom or library. This type of project can be used as part of National AIDS Day or integrated into a unit on HIV/AIDS with other areas of instruction.
- draw a portrait of two people in the last stages of their lives. One picture will be of a young person with tragic emotions and the other an elderly person's tranquil emotions.

ESSENTIAL ELEMENT

Art. Grades 7/8. Inventive and imaginative expression through art materials and tools. The student shall be provided opportunities to work with design, drawing, printing, printmaking, sculpture, and crafts.

LESSON OBJECTIVE

III.B-8. Gather and critique information to use in decision making and problem solving.

ASSESSMENT CRITERION

Practice making healthy decisions when dealing with risky behavior.

ACTIVITIES & STRATEGIES

This activity will give students the opportunity to practice making healthy decisions and to verbalize the decisions to their peers.

Write each question on an index card and place them in a question box. Examples:

- What decision(s) have you made today?
- What decision(s) have you made in the past that have caused you to miss out on something nice?
- What decision(s) have made your life better?
- What decision(s) have you made that kept you out of trouble?
- What decision(s) have you made that got you into trouble?
- What decision would you make if you saw a stranger stealing a transistor radio from a store?
- What decision would you make if you were with a group of students who decided to drink beer?
- What decision should you make if a stranger said that she or he knew your parents and offered you a ride home?
- What decision would you make if you found $50 on the ground?

The students may write more questions for this activity and put them in the question box.

Ask the students to sit in a circle facing each other. Ask a volunteer to pick a question from the question box. In a clockwise direction, the student will turn to the person on his or her right and ask the question. After the answer, other students may respond. The next student will then pick a question and ask it.

RESOURCES & MATERIALS

Index cards, markers, and question box

Teacher Tip

Remind students that they can choose to pass on a question.

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to discriminate between responsible and irresponsible choices that affect personal health.

Health **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-7. Develop and practice effective peer skills including assertiveness and negotiating skills.

ASSESSMENT CRITERION

Practice techniques for handling high-risk situations.

ACTIVITIES & STRATEGIES

Review the decision-making steps from previous lessons.

Pass out the worksheets, "Steve's Dilemma — a Case Study," and "Karen's Dilemma — a Case Study."

Instruct the students to work on this individually.

Discuss the responses collectively. Act as the facilitator and write the students' responses on the board or an overhead transparency.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Worksheet: "Steve's Dilemma — a Case Study" and "Karen's Dilemma — a Case Study"

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to discriminate between responsible and irresponsible choices that affect personal health.

NAME______________________________ **DATE**____________________

Steve's Dilemma — a Case Study

Read the following case study and answer the questions below:

Steve's father owns a small market on a street near school. The market is a convenient place for people in the neighborhood to buy milk, bread, and other groceries. It is also a favorite place for school students to buy popcorn, candy, and bakery goods. The store provides the family's only income.

Steve works in the store after school and on Saturdays. His main job is cleaning up and stocking shelves, but he also handles sales when his father is not in the store.

One day when Steve is the only one in the store, a group of students come in. Steve knows two of them and has seen the others but does not know their names. Steve notices that some of the students are taking candy from the counter and putting it in their pockets. When he goes over to ask them what they are doing, one of the older students tells Steve to "mind your own business or you'll get your face pushed in." At this point, the group of students leaves the store without paying for anything.

What should Steve do?____

____

____

What would you do if you were Steve?______________________________

____

____

What reasons do you have for your suggestions?_____________________

____

____

NAME______________________________ **DATE**____________________

Karen's Dilemma — a Case Study

Read the following case study and answer the questions below:

Amy and Karen were very good friends. They had grown up together, living a few houses apart on the same street. Although they had a few childish arguments, they remained the best of friends and classmates. Their parents were also friends, and each girl had spent lots of time at the other's house.

In schoolwork, Amy and Karen were about equal. Amy's parents seemed much more concerned about grades than Karen's parents, and Amy worked hard to improve her marks. Both were in Mr. McLaren's math class, and an important examination was scheduled for Friday. After school on Wednesday, Amy confided to Karen that she got a copy of the exam by sneaking into the teachers' room where the tests were kept. Amy asked Karen if she wanted to go over the test with her and get the right answers.

What should Karen do? ______________________________

What answer should she give Amy? ______________________________

What are your reasons for suggesting your answer? ____________________

What values are involved in this incident? ________________________

LESSON OBJECTIVES

I.B-6. Identify the significance of peers, role models, and social pressure in making decisions about behaviors.

I.B-16. Identify self-esteem and personal skills as factors in making decisions about behaviors.

ASSESSMENT CRITERION

Practice appropriate ways to initiate discussion with important adults.

Health **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

This activity will help students identify persons who are important to their decision making and also provide ways to encourage open communication. Young adolescents are adopting firmer self-identities as males or females and are also moving toward emotional independence from parents and other important adults. However, opinions and wishes of those adults are still important to them. Encourage students to talk to parents and other adults about important issues.

Ask students to work in small groups and to identify adults who influence the decisions they make. These persons should be identified in a generic sense only, not by name. Have groups quickly share persons identified. Write these on the chalkboard or an overhead transparency.

Next, ask students in groups, to identify health-related issues and questions they could discuss with each of the persons listed. Write contributions on the board.

Discuss and role-play appropriate ways to initiate discussions with these adults. Include:

- Choose a convenient time, free from distractions.
- Refer to something heard or seen—i.e., "on the news last night," "in health class."
- Use "I" messages and active listening skills.
- Ask for his or her opinion.
- Remember there are instances when any adult may not have information on a topic. Ask for help in finding information.

Conclusion: Ask students to copy health issues and to practice skills in discussing these issues with parents and other important adults.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to investigate influence of other persons on an individual's attitudes, interests, and needs.

LESSON OBJECTIVES

I.B-20. Describe means through which HIV infection via sexual activity can be reduced.
III.A-6. Identify valid reasons to practice abstinence.

ASSESSMENT CRITERION

Describe the methods of preventing the transmission of HIV.

ACTIVITIES & STRATEGIES

Discuss with the students the benefits of delaying sexual intercourse until committed to a lifelong monogamous relationship. Include: free of worry about pregnancy, cervical cancer, HIV/AIDS, and other STDs; free to date and get acquainted with others; free of guilt that you've disappointed your parents and other important adults; free of gossip and a reputation; free of feeling like a user or of being "used;" free to make and pursue your own future plans and decisions; free to develop a deeper, better relationship with a partner; free to have time to see if your love will endure; free to show your love in other ways; etc.

Define and discuss the four behaviors:

- abstinence
- lifetime monogamous sexual relationship
- avoidance of substance abuse
- not risky/risky behaviors

Pass out the worksheet, "HIV — Rank the Risk." Have students answer the questions individually then form into groups of three and rank the items. The class will be brought back together for a large group discussion. Individuals should be prepared to defend the group's decisions.

Note: Consider a three-tier approach to school-age sexual intercourse: encourage abstinence for students who have not had sexual intercourse; for students who have had sexual intercourse, help them choose abstinence from now on—each time is a new decision; and for students who can not be persuaded to become abstinent, encourage them to protect themselves from disease and pregnancy.

Option:
Student worksheet, "My Promise to Me," can be used as a class activity or as homework with parental input. (Note: Forms for two students are on one page.)

RESOURCES & MATERIALS

Worksheet: "HIV—Rank the Risk"
Teacher Resource: "Advantages of Premarital Abstinence"

Teacher Tip

As determined by the school district, the teacher or health professional may show the class a condom and explain why and how it is used. Be prepared to respond to questions about condoms. Use Teacher Resource for teacher information *only*—it is *not* a worksheet for students.

Option:
Worksheet: "My Promise to Me"
Teacher Resource: Condom Information 1 & 2

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

NAME______________________________ **DATE**____________________

HIV: Rank the Risk

Directions: Rate the following in terms of risk for transmission of the AIDS virus. In which of the following activities or behaviors is there a greater degree of risk.

Key: 1 — No risk; safe
2 — Theoretically possible risk but not probable
3 — Minimal risk; protection measures could be taken
4 — Risk; risk reduction measures could be taken
5 — High risk

______ Going to school with a person who has HIV

______ Providing emergency care for someone injured in a car accident

______ Living in the same home as a person with HIV

______ Having more than one sexual partner

______ Getting injured in some activity at the same time as someone else and coming into contact with their blood

______ Being born to a mother who has HIV

______ Using a needle for IV drugs that someone else has used

______ Using condoms and spermicides during sexual intercourse every other time

______ Being sneezed on by someone who has HIV

______ Piercing your ears

______ Sharing a needle and syringe for injecting anything

______ Having received blood or blood products in the United States before March 1985

______ Providing first aid — direct pressure to a bleeding wound

______ Providing CPR to someone known to have HIV

______ Having one sexual partner at a time

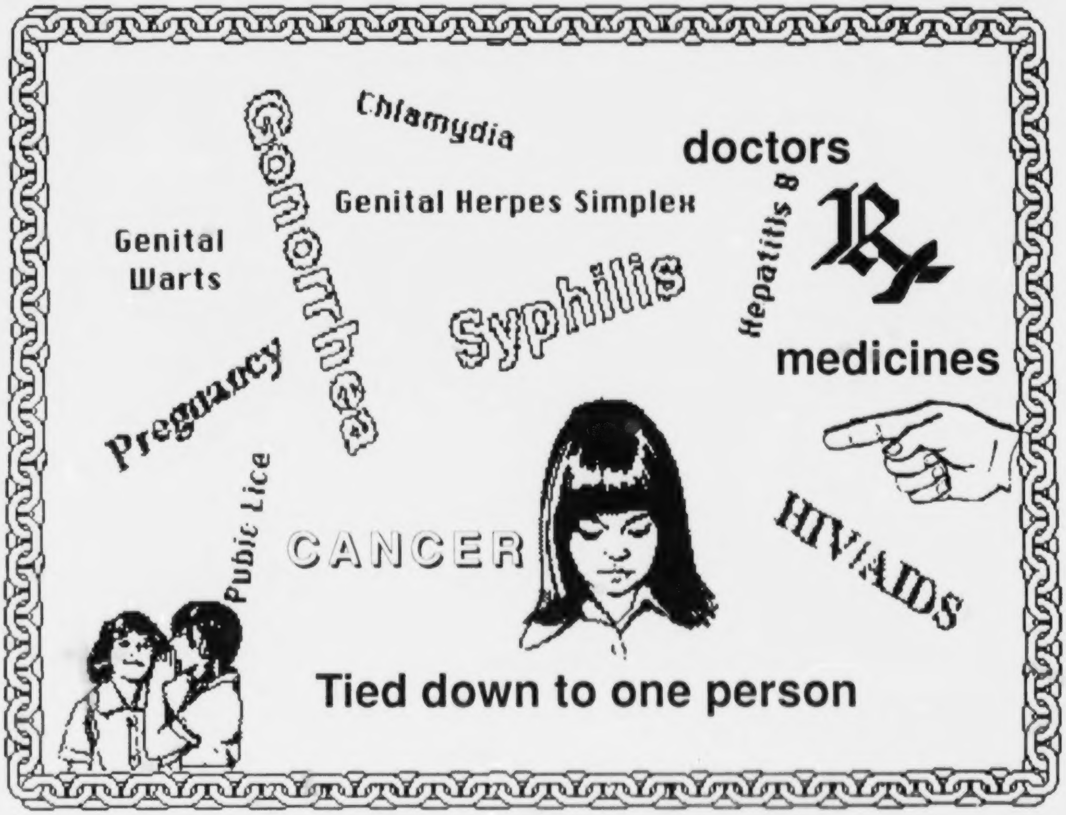
______ Abstaining from sex

______ Deciding not to have sex, then drinking at a party and being pressured to have sex by your girlfriend or boyfriend

______ Providing dental care to someone with HIV

ADVANTAGES OF PREMARITAL ABSTINENCE

- Free from pregnancy, STDs, and HIV infection
- Free from the bother and dangers of the pill, IUD, and other contraceptives
- Free from the pressure to marry before you are ready
- Free from legal pressures—i.e., establishment of paternity and child support
- Free from the trauma of possibly having to put your baby up for adoption
- Free from exploitation by others
- Free from guilt, doubt, disappointment, worry, and/or rejection
- Free to be in control of your life
- Free from disappointing your family
- Free to experience fuller communication in dating relationships
- Free to focus energy on establishing and realizing life goals
- Free to develop an unselfish sensitivity
- Free to have greater trust in marriage
- Free from guilty feelings when a relationship ends
- Free to enjoy being a teenager


Chlamydia
Gonorrhea
doctors
Genital Herpes Simplex
Hepatitis B
Rx
Genital
Warts
Syphilis
medicines
Pregnancy
Pubic Lice
CANCER
HIV/AIDS

Tied down to one person

FREE to
consider
any career

FREE to
go

FREE to
choose
a different date

FREE to
dream

FREE to
love
your
family

NAME ______________________________ **DATE** ____________________

My Promise to Me

I, ______________________________, have learned several ways to prevent the spread of HIV.

After thinking about this information, I have decided to:

- -

NAME ______________________________ **DATE** ____________________

My Promise to Me

I, ______________________________, have learned several ways to prevent the spread of HIV.

After thinking about this information, I have decided to:

CONDOM INFORMATION

The following are important recommendations about the use of condoms for maximum protection against transmission of STDs, including HIV:

1. Latex condoms offer better protection than condoms of natural membrane.
2. Condoms with damaged packaging and condoms which are discolored, brittle, sticky, or showing other signs of age should not be used. Packages should not be opened until use.
3. Information on the package should be checked to ensure that the condom is treated with spermicide, nonoxynol-9. In addition, to provide even greater protection include vaginal use of spermicide with nonoxynol-9. A minimum of 5% of nonoxynol-9 is necessary.
4. Labels should also be checked for information on lubrication. If additional lubricants are used, only *water-based* products and *no petroleum-based* or *oil-based* lubricants should be used. Petroleum jelly, cooking oils, lotion, and shortenings can damage the latex.
5. Condoms should be stored in a cool, dry place out of direct sunlight. Places *not* to store condoms are in a hip pocket, a hip pocket wallet, or the glove compartment of an auto.
6. Condoms should be handled with care to prevent tears and punctures.
7. The condom should be rolled on erect penis before any genital contact to prevent exposure to infected fluids. The tip of the condom should be held as the condom is unrolled over penis. Holding the tip can assure no air is trapped in the tip and that the space at the tip can collect ejaculate. Note: Some condoms are manufactured with a receptacle space in the tip.
8. A broken, torn condom should be replaced immediately. Vaginal spermicide with nonoxynol-9 is also a good precaution against condom breakage and fluid (seminal and vaginal) contact.
9. After ejaculation, the base of the condom should be held as *erect* penis is withdrawn. Caution must be practiced that condom does not slip off before or during withdrawal.
10. A condom can be used only one time, never reused.

For Teacher Information; Do Not Use As Student Handout

CONDOM INFORMATION REFERENCES

Review Articles

Centers for Disease Control. "Condoms for Prevention of Sexually Transmitted Diseases." *MMWR* 1988;37:133-137. (19 references)

Feldblum, P.J., Fortney, J.A. "Condoms, Spermicides, and the Transmission of Human Immunodeficiency Virus: A Review of the Literature." *AJPH* 1988;78:52-54.

Grimes, D.A., Cats, W. "Family Planning and Sexually Transmitted Diseases." Holmes, K.K., March, P.A, Sparling, P.F., et al, eds. *Sexually Transmitted Diseases*, second edition. New York: McGraw-Hill, 1990;1087-94. (99 references)

Hatcher, R.A., Hughes M.S. "The Truth About Condoms." *SIECUS Report* 1988;17:1-9.

Liskin, L., Warton, C., Blackburn, R. "Condoms—Now More Than Ever." *POP Reports*, Series H, No. 8, 1990. (437 references)

Stone, Katherine M. "Avoiding Sexually Transmitted Diseases." *Obstet Gynecol Clin N America* 1990;17:789-799. (74 references)

Stone, K.M., Grimes, D.A., Magder, L.S. "Personal Protection Against STD." *Am J Obstet Gyneco* 1986;155:180-188.

Stone, K.M., Grimes, D.A., Magder, L.S. "Primary Prevention of Sexually Transmitted Diseases." *JAMA 1986*; 255:1763-1766.

Condoms for Prevention of STD

Laboratory Studies

Conant, M.A., Hardy, D., Sernatinger, J., Spicer, D., Levy, J.A. "Condoms Prevent Transmission of AIDS-Associated Retrovirus." *JAMA* 1986;255:1706.

Conant, M.A., Spicer, D.W., Smith, S.D. "Herpes Simplex Virus Transmission: Condom Studies." *Sex Transm Dis* 1984;11:94-95.

Judson, F.N., Ehret, J.M., Bodin, G.F., Levin, M.J., Rietmeijer, C.A.M. "Invitro Evaluations of Condoms With and Without Nonoxynol-9 as Physical and Chemical Barriers Against Chlamydia Trachomatis, Herpes Simplex Virus Type 2, and Human Immunodeficiency Virus." *Sex Transm Dis* 1989;16:51-56.

Katznelson, S., Drew W.L., Mintz, L. "Efficacy of the Condom as a Barrier to the Transmission of Cytomegalovirus." *J Infect Dis* 1984;150:155-157.

Kish, L.S., McMahon, J.T., Bergfeld, W.F., Pelachyk, J.M. "An Ancient Method and a Modern Scourge: The Condom as a Barrier Against Herpes." *J Am Acad Dermatol* 1983;9:769-770.

Minuk, G.Y., Bohme, C.E., Bowen, T.J. "Condoms and Hepatitis B Virus." *Ann Intern Med* 1986;104:584.

Minuk, G.Y., Bohme, C.E., Bowen, T.J., Hoar, D.L., Cassol, S., "Condoms and the Prevention of AIDS" (letter). *JAMA* 1986;256:1443.

Minuk, G.Y., Bohme, C.E., Bowen, T.J., Hoar, D.L., Cassol, S., Gill, M.J., Clarke, H.D.C. "Efficacy of Commercial Condoms in the Prevention of Hepatitis B Virus Infection." *Gastroenterol* 1987;93:710-714.

Reitjmeijer, C.A.M., Krebs, J.W., Feorino, P.M., Judson, F.N. "Condoms as Physical and Chemical Barriers Against Human Immunodeficiency Virus." *JAMA* 1988;259:1851-1853.

Smith, G.L., Smith, K.F. "Lack of HIV Infection and Condom Use in Licensed Prostitutes." *Lancet* 1986;ii:1392.

For Teacher Information; Do Not Use As Student Handout

Condom Quality/Breakage

Albert, A.E., Hatcher, R.A., Graves, W. "Condom Use and Breakage Among Women in a Municapal Hospital Family Planning Clinic." *Contraception* 1991;43:167-76.

Piedrahita, C., Hinson, K., Foldesy, R., Steiner, M., Joanis, C. "Latex Condom Breakage Study, Barbados and St. Lucia Condom Lot, Site: Family Health International (FHI)." Research Triangle Park, NC, FHI, September 1990 (unpublished).

Consumers Union. "Can You Rely on Condoms?" *Consumer Reports* March 1989.

Free, M.J. et al. "Relationship Between Condom Strength and Failure During Use." *Contraception* 1980;22:31.

Free, M.J. et al. "An Assessment of Burst Strength Distribution Data for Monitoring Quality of Condom Stocks in Developing Countries." *Contraception* 1986;33:285.

Golombok, S., Sketchly, J., Rust, J. "Condom Failure Among Homosexual Men." *J AIDS* 1989;2:404-409.

Program for Appropriate Technology in Health (PATH) and Program for Introduction and Adaptation of Contraceptive Technology (PIACT). "Monitoring Condom Quality." *Outlook* 1987;5:2-5.

Richters, J., Donovan, B., Gerofi, J., Watson, L. "Low Condom Breakage Rate in Commercial Sex." *Lancet* 1988;2:1489.

Tindall, B., Swanson, C., Donovan, B., Cooper, D.A. "Sexual Practices and Condom Usage in a Cohort of Homosexual Men in Relation to Human Immunodeficiency Virus Status." *Med J Australia* 1989;151:318-322.

vanGriensven, G.J.P., deVroome, E.M.M., Tielman, R.A.P., Coutinho, R.A. "Failure Rate of Condoms During Anogenital Intercourse in Homosexual Men." *Genitourin Med* 1988;64:344-346.

Voeller, B., Coulson, A.H., Bernstein, G.S., Nakamura, R.M. "Mineral Oil Lubricants Cause Rapid Deterioration of Latex Condoms." *Contraception* 1989;39:96-102.

Wigersma, L., Oud, R. "Safety and Acceptability of Condoms for Use by Homosexual Men as a Prophylactic Against Transmission of HIV During Anogenital Sexual Intercourse." *Br J Med* 1987;295:94. (Note: Data in text are correct; tables are wrong)

For Teacher Information; Do Not Use As Student Handout

Health **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-11. Describe the methods of preventing, treating, and controlling diseases.
I.B-20. Describe the means through which HIV infection via sexual activity can be reduced.

ASSESSMENT CRITERION

Explore sexually transmitted diseases including their prevention, transmission, and treatment.

ACTIVITIES & STRATEGIES

- Divide the class into nine groups.
- Assign each group a disease from the worksheet, "Description of Sexually Transmitted Diseases."
- Have each group elect a recorder, reporter, and a charter.
- After small-group discussion, have the recorder record the answers on the worksheet, "Sexually Transmitted Disease Questions," related to the assigned disease.
- Have each reporter report the results to the class.
- Have the charter place the group findings on a chart (see teacher resource, "Sample Wall Chart.")

Conclusion:
Group members will compile "I learned" statements and rank their group on individual and group participation.

RESOURCES & MATERIALS

Worksheet: "Description of Sexually Transmitted Diseases"
Worksheet: "Sexually Transmitted Disease Questions"

Butcher paper, markers, tape, and blank wall

Teacher Resource: "Sample Wall Chart"

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

Description of Sexually Transmitted Diseases

AIDS
AIDS is the result of the breakdown of the immune system caused by a virus commonly called HIV (human immunodeficiency virus). As a result of a weakened immune system, the body is vulnerable to a variety of opportunistic infections and cancers. Death is usually a result of these infections. No cure is known for HIV/AIDS. Medical care is limited to treating the symptoms.

The virus can be transmitted to people through semen, blood, or vaginal fluids. This can happen during sexual intercourse, sharing unsterile needles, or from mother to child during pregnancy. HIV can be prevented by abstaining from injectable drug use and sexual activity. If sexually active, the risk for getting HIV can be reduced by having only one partner who is monogamous, and by using contraceptive jelly with the special chemical nonoxynol-9.

Chlamydia
Chlamydia is a sexually transmitted disease caused by bacteria. The common symptoms of chlamydia include an abnormal discharge from the penis or vagina, a burning sensation when urinating, and for women, bleeding between periods. It is also possible to have no symptoms. The bacteria can be passed from person to person during sexual contact, and babies may get it from their mothers during birth. Some of the effects of chlamydia are severe damage to the reproductive organs, infertility in women, and sterility in men. Chlamydia can be treated with antibiotics. It can be prevented by abstaining from sexual activity, or, if sexually active, by knowing your partner does not have the bacteria, and by using condoms with foam or contraceptive jelly.

Genital Warts
Genital warts are a sexually transmitted disease caused by a virus. The common symptoms are small, bumpy warts on the sex organs or anus. It is possible to have no symptoms. They are transmitted through skin-to-skin contact with genital warts. The virus can be passed from mother to baby during birth and cause breathing problems in the newborn. Genital warts can grow larger, spread to more areas and become more serious. They can be treated with chemicals or removed by burning, freezing, lasers, or minor surgery. They can be prevented by abstaining from sexual activity (not having sexual intercourse) or, if sexually active, by knowing your partner does not have the virus. Washing exposed areas with soap and water before and after contact will also help prevent exposure.

Gonorrhea
Gonorrhea is a sexually transmitted disease caused by bacteria. The common symptoms may include abnormal discharge (mucus and pus) from penis or vagina, a burning sensation when urinating, and in women, abdominal pains. Some men and most women may have no outer symptoms. The bacteria can be transmitted from person to person through sexual contact. Babies can get it from their mothers at birth. Some of the effects of gonorrhea are severe damage to the reproductive organs, sterility, heart trouble, skin disease, and arthritis. Gonorrhea can be treated with antibiotics. It can be prevented by abstaining from sexual activity or, if sexually active, by knowing your partner does not have the bacteria, washing exposed areas before and after contact, and using condoms and contraceptive foam or jelly.

Hepatitis B
Hepatitis B is an infection of the liver caused by a virus present in blood and other body fluids of infected persons. It can be sexually transmitted but can also be transmitted via contaminated needles, syringes, blood, and blood products. Fewer than 50 percent of infected persons show symptoms of illness. Symptoms include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite, and abdominal pain. Urine turns dark and/or skin becomes yellow in some patients. Symptoms may appear six weeks to six months after infection. Death is uncommon, but 5-10 percent become long-time virus carriers. Up to 25 percent may develop serious chronic liver disease.

Genital Herpes Simplex

Herpes is a sexually transmitted disease caused by a virus. Herpes can infect any exposed mucous membrane. It can cause blisters around the mouth, the eyes, and the sex organs. Common symptoms include small, painful blisters — usually on the sex organs — and a flu-like feeling. Some people have no symptoms. Herpes is transmitted during sexual contact or by direct contact with a herpes sore. Babies can get it from their mothers during birth. The effects include mild to severe attacks of painful sores. There is no known cure for herpes, but there are some drugs used to reduce symptoms. It can be prevented by avoiding contact with any herpes sore, abstaining from sexual contact, or using condoms and contraceptive foam or jelly.

Pubic Lice

Pubic lice are a sexually transmitted disease cause by parasites (tiny insects or protozoa) that live in pubic hair, armpits, or eyebrows. Common symptoms include itching or the appearance of lice in the hair around the sex organs, armpits, or eyebrows and pin-sized blood spots on underwear. They can be transmitted through close physical contact with someone who has pubic lice or by using the same clothing or bedding as someone who has them. The effects include itching and discomfort that get worse if not treated. Pubic lice can be treated with special lotions; shampoos, and to prevent reinfection, all clothing and bedding must be washed in hot water. They can be prevented by avoiding contact with someone who has lice or by avoiding the clothing, towels, and bedding of that person.

Syphilis

Syphilis is a sexually transmitted disease caused by bacteria. The common symptoms in the first stage are painless, reddish brown sores on the opening of the sex organs and possible swollen glands. In the second stage, after six weeks, a rash may appear on the body and flu-like symptoms may occur. Syphilis is transmitted through sexual contact. Babies can get it from their mothers during pregnancy. Some effects for the mother and child are heart disease, brain damage, blindness, and death. Syphilis can be treated with antibiotics. It can be prevented by abstaining from sexual activity or, if sexually active, by knowing your partner does not have the bacteria, washing the sex organs before and after sexual contact, and using condoms and contraceptive foam or jelly.

NGU (nongonococcal urethritis)

NGU is a sexually transmitted disease cause by bacteria. Some common symptoms in men include an abnormal discharge but usually show no symptoms. NGU is transmitted through sexual contact. Babies can get it from their mothers during birth. Effects include a more serious infection of the reproductive organs, infertility in women, and sterility in men. NGU can be treated with antibiotics. It can be prevented by abstaining from sexual activity or, if sexually active, by knowing your partner does not have the bacteria, washing the sex organs before and after contact, and using condoms and contraceptive foam or jelly.

Note: Young women are prone to suffer PID (pelvic inflammatory disease) due to an STD, mostly gonorrhea and chlamydia. PID can cause the fallopian tubes to become diseased, with an increase in ectopic (tubal) pregnancies. This pelvic infection is chronic and can cause pain and sterility in both women and men.

Also important: Persons with one STD are at high risk for other STDs. A person may have several STDs at one time. STDs can be transmitted via sexual assault or rape.

NAME______________________________ **DATE**____________________

STD Questions

Group Members' Names:

Name of disease:

1. What is the cause of this disease?

2. What are the symptoms of this disease?

3. How is this disease transmitted to people?

4. What are some of the effects of this disease?

5. How can this disease be treated?

6. How can this disease be prevented?

Sample Wall Chart

DISEASE	CAUSE	SYMPTOMS	TRANSMISSION	EFFECTS	TREATMENT	PREVENTION
AIDS						
Chlamydia						
Genital Warts						
Gonorrhea						
Herpes						
Pubic Lice						
Syphilis						
NGU						
Hepatitis B						

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LESSON OBJECTIVES

III.B-4. Identify, develop, and practice good decision making and problem solving.

III.D-2. Recognize and demonstrate responsible behavior as a social responsibility.

ASSESSMENT CRITERION

Practice decision-making skills.

ACTIVITIES & STRATEGIES

Discussion:

- Outline the sequence of steps that can help in decision making.
- Emphasize that Steps 2,3, and 4 need valid information. A decision made on misinformation can be an unhealthy or unwise decision even if a person has followed all the steps carefully.
- Once a decision is made, resistance skills are needed to enforce any "no" decisions.

Explain five steps in decision making. Write them on the overhead transparency or chalkboard. The five steps in decision making are:

1. State the problem.
2. Identify the alternatives.
3. Determine the consequences.
4. Decide on the best solution.
5. Act on the decision and reevaluate as necessary.

Use the worksheet, "Decision-Making Model," if you decide it would be helpful.

Explain to the students that in decision making (at this age), it is important to consider what parents, teachers, and coaches would suggest. Healthy decision-making can be reinforced by healthy role models.

Divide the class into small groups. Assign each group one of the scenarios from the teacher resource, "Scenarios." Ask students to read the problem and brainstorm alternatives and consequences. As a group, students should decide on the best solution and be ready to defend their choices. Ask each group to read its problem, its choice, and its explanation to the class.

Discuss and clarify any misinformation.

RESOURCES & MATERIALS

Worksheet: "Decision-Making Model"

Chalkboard or overhead projector and transparency

Teacher Resource: "Scenarios"

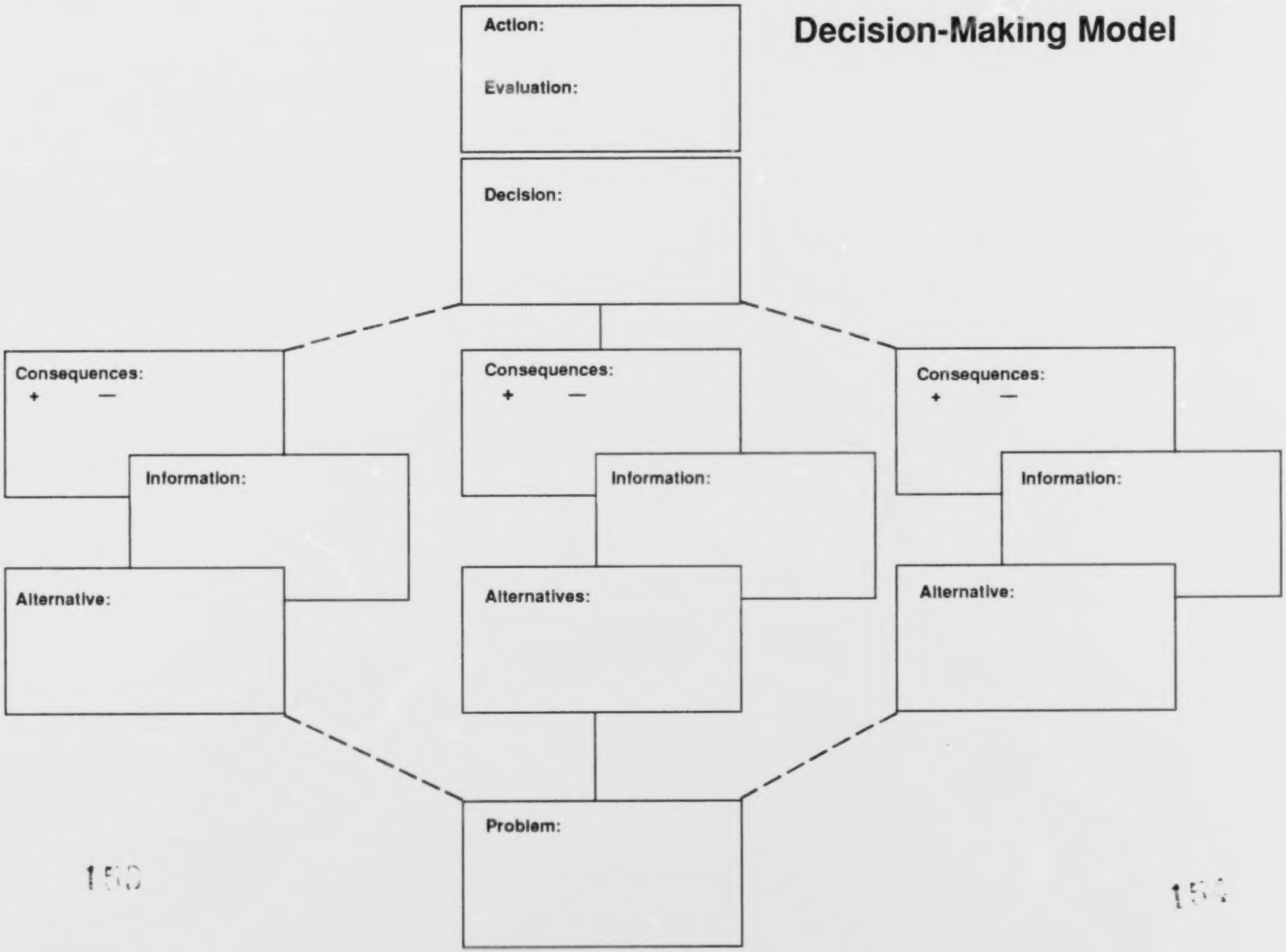
Teacher Tip

Some decisions are not one-time decisions. The decision to abstain from sexual intercourse is an example. Each decision is a new decision. Even if a young person has had sexual intercourse, the healthy decision can be to abstain in the next situation.

ESSENTIAL ELEMENT

Health. Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to discriminate between responsible and irresponsible choices that affect personal health.

Decision-Making Model


Action:
Evaluation:
Decision:
Consequences:
+ —
Consequences:
+ —
Consequences:
+ —
Information:
Information:
Information:
Alternative:
Alternatives:
Alternative:
Problem:

Scenarios

Problem 1
Hector wants to join a special club. He just found out that there is a blood ritual he has to go through to become a member. The club members use the same razor to cut an *X* on everybody's arm. Do you think he should do it?

Problem 2
James has just found out that his brother is an injectable drug user. James knows that drug addicts can get HIV/AIDS by sharing needles. His brother lives at home and shares a bathroom with him. What should he do?

Problem 3
Betty is at a slumber party, and several of the girls are getting their ears pierced. They're all using the same needle. What should she do?

Problem 4
Sheila's sister has been going to parties where drugs are used. She is beginning to experiment with them. Recently, she has been pressuring Sheila to try injecting cocaine with a needle. Sheila is afraid that if she doesn't try it, her sister and her friends won't like her any more. What should she do?

Problem 5
A few years ago, Laquita tried an injectable drug. She doesn't know whether she was exposed to the HIV/AIDS virus. She's been dating her boyfriend for the past six months. Last night he started pressuring her to have sex. What should she do?

Problem 6
Suzan and her boyfriend, Rob, had sex one time several months ago. Suzan has not felt good about it, but she really likes Rob. Rob keeps pressuring her to have sex again. What should she do?

Health **Grades 7/8**

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.C-6. Recognize the importance of accepting personal responsibility for group success.

ASSESSMENT CRITERION

Practice answering questions in a group dealing with HIV infection.

ACTIVITIES & STRATEGIES

Before the class begins, review the basic information on the teacher resource, "How Does a Person Get HIV?"

Lead a discussion reviewing the modes of transmission of HIV.

Hand out the worksheet, "Dear HIV Advisor."

Ask each student to create two letters with unanswered questions they might have concerning HIV infection.

Then ask each student to exchange the unanswered questions with another student and answer each other's questions. Return letters to original questioners.

As a class, discuss answers without identifying who wrote them.

RESOURCES & MATERIALS

Worksheet: "Dear HIV Advisor"

Book suggestion:
The New Teenage Body Book, Kathy McCoy and Charles Wibbelsman, M.D., The Body Press, Los Angeles, CA, 1987

Teacher Resource: "How Does a Person Get HIV?"

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

How does a person get HIV?

NAME______________________________ **DATE**____________________

DEAR HIV ADVISOR

Directions: Write two letters to the HIV Advisor stating some of your questions about HIV.

Dear Advisor,

Signed,

Dear ____________________:

The HIV Advisor

Dear Advisor,

Signed,

Dear ____________________:

The HIV Advisor

How Does a Person Get HIV?

HIV is a very hard disease to catch. It can only be transmitted from an infected person to another person when they exchange certain body fluids. Three body fluids are known to have a strong enough concentration of the virus to pass it from one person to another. One of these fluids is blood; the other two are sexual fluids: semen from a man and vaginal fluid from a woman. One of these infected fluids would have to enter a person's body and then get into the bloodstream to cause infection. There aren't many ways that this can happen. In fact, there are basically only two behaviors that pass the virus. These are called risk behaviors because they can cause great harm—in this case, HIV.

The first is the use of HIV contaminated needles or other instruments such as razors. One very high-risk behavior is shooting injectable drugs. When people inject drugs, they often do it with a few other people. When the person puts the drug into his or her vein with a needle, she or he also pulls some of the blood up into the syringe. As the needle is passed from one person to the next, each may be shooting infected blood directly into his or her own blood stream. There may be blood left in the drug paraphernalia.

If HIV contaminated blood is left on other needles (such as used for tattooing or ear piercing) and on razors, the HIV virus could also be transmitted to the user. Sterilized needles used in health procedures by doctors, nurses, dentists, and other health professionals.

There is another way people transmit HIV. If a mother is infected (and remember, she may not know that she is) she can pass it to her baby during pregnancy, birth, or breast feeding. The number of babies born with HIV is growing daily. (You may wish to recite statistics.) Often parents are unable to care for these infants, so many babies live in hospitals. It is crucial for women who are thinking of becoming pregnant to be certain they are healthy first.

HIV can also be transmitted by semen and vaginal fluid. They are shared when two people have sexual intercourse; so, if one person is infected, the other can become infected. The virus can be passed during vaginal sexual intercourse. This is sex between a man and a woman, when the man puts his penis into a woman's vagina. The virus can pass from a man to a woman or a woman to a man.

The virus can also be passed during anal sex. It can be sexual intercourse between a man and a woman or between two men. It is when a man puts his penis into another person's anus. Note: Some adolescents are engaging in anal intercourse as pregnancy prevention.

Oral sex is also considered a risk. If a person takes infected semen or vaginal fluid into his or her mouth, it could be possible that this fluid might enter his or her blood stream through a tiny cut in the mucous membrane, the lining of the mouth.

Using contaminated needles or having sexual intercourse with an infected partner are both risky behaviors. It should be clear now why people are worried about teenagers and AIDS. Although many teens are not experimenting with drugs or sexual intercourse, some are. People must make healthy decisions and be responsible for their own behaviors.

Some people have contracted the virus during blood transfusions. Before 1985, there was no test to screen blood to make sure it was safe. Since 1985, there has been a test in the United States, so the chance of receiving infected blood today is very, very small. There is also no chance of getting HIV when *giving* blood. This procedure is always done with a clean, new needle.

Some health professionals have also been HIV-infected during medical procedures and/or have infected patients in that way. These HIV infections involved HIV-infected blood getting into the blood stream of an uninfected person. This is why a dentist, nurse, doctor, and others wears gloves when there is a possible blood contact.

LESSON OBJECTIVES

I.C-4. Identify and use local and national hotlines.
III.B-3. Define self-responsibility and relate it to all areas of living and wellness.

ASSESSMENT CRITERION

Review HIV transmission facts and practice accessing hotlines to update knowledge.

ACTIVITIES & STRATEGIES

Identify ways HIV can and cannot be transmitted. Mention to the students that HIV can also be referred to as AIDS. Explain the reasoning in using the term HIV.

Distribute the worksheet, "HIV Myth-Fact." Students can individually answer the questions. As a class, have the students discuss each item on the worksheet. Verbally correct any misinformation. Review the term *self-responsibility*. Ask students to give examples of self-responsibility in their own lives.

Tell the students to write down any questions concerning HIV transmission and place them in a question box.

Read each question, clarify any slang terms. Answer the questions clarifying any misinformation.

Share hotline numbers:
- National AIDS Information Clearinghouse
  1-800/458-5231
- National AIDS Hotline
  1-800/342-AIDS
  1-800/344-SIDA (Spanish)
  1-800/AIDS-TTY (Hearing impaired)
- State AIDS Hotline
  1-800/299-AIDS

Ask the students to write these numbers on the worksheet.

RESOURCES & MATERIALS

Worksheet: "HIV Myth-Fact"

Shoe box, scissors

Facts:
HIV can be transmitted by:
- sexual intercourse with an infected partner
- sharing IV drug or other needles with an infected user
- infected mother to unborn baby
- other blood to blood contact with an infected person

HIV cannot be transmitted by:
- sneezing
- using toilets
- going in swimming pools
- eating at restaurants, cafeterias
- donating blood
- sitting next to an HIV infected person

Answer Key: HIV Myth-Fact

1 - T	**5 - F**	**8 - F**	**11 - T**
2 - T	**6 - F**	**9 - F**	**12 - T**
3 - T	**7 - T**	**10 - T**	**13 - T**
4 - T			

ESSENTIAL ELEMENT

Health. Concepts and skills that involve interaction between individuals. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable diseases, including sexually transmitted diseases.

NAME______________________________ DATE____________________

HIV Myth-Fact Sheet

Read each sentence below and fill in the blanks with either **TRUE** or **FALSE**.

______ 1. Due to the ways HIV is transmitted, it is unlikely that HIV can be transmitted by sitting next to someone in class.

______ 2. Abstinence from sexual intercourse is the one sure way to prevent sexual transmission of HIV.

______ 3. People can look and feel healthy and still transmit HIV.

______ 4. People who inject drugs and share needles can get HIV.

______ 5. There is a vaccine to prevent HIV.

______ 6. Women cannot transmit HIV.

______ 7. Everyone who engages in sexual intercourse can be at risk for HIV.

______ 8. Everyone infected with HIV has developed AIDS.

______ 9. A person can get HIV from giving blood.

______ 10. HIV, itself, usually does not kill a person.

______ 11. Most children with HIV got it from an infected mother.

______ 12. A person who is concerned can be tested for HIV.

______ 13. There is both a national and a state toll-free telephone hotline for HIV/AIDS information.

LESSON OBJECTIVES

I.C-3. Identify community professionals, programs, and resources.
I.C-4. Identify and use local and national hotlines.

ASSESSMENT CRITERION

Identify community resources for sexually transmitted diseases, including HIV.

ACTIVITIES & STRATEGIES

Introduce the activity by explaining to the students that knowledge about community resources may be helpful to them, their peers, and their families.

Hand out the worksheet, "Community Resources."

Divide the class into small groups. Ask the students to complete the sheets as a group activity. Sections on the sheet such as numbers 3, 6, and 7 may be completed as individual homework assignments. Reconvene groups the next day, ask for reports, and make a chart or bulletin board list of answers to 6 and 7 (names of specific community resources).

Assign each resource to a group and ask groups to contact a specific resource and complete the worksheet.

Suggest to the students that they keep their completed forms as a resource guide.

Option:
Combine the class' resource information into a packet. This guide can be bound and placed in the counselor's office and the library for the entire school's use. These resources can also be shared with other school campuses.

Note: If no local resources are available, expand this activity to include the nearest large town or city.

RESOURCES & MATERIALS

Worksheet: "Community Resources"
Worksheet: "A Local Resource"

ESSENTIAL ELEMENT

Health. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to identify local public health agencies' resources.

NAME________________________________ DATE____________________

COMMUNITY RESOURCES

1. Define the term *community resource.*

2. Name three situations in which a community resource could be helpful.

   a.

   b.

   c.

3. How would you identify a community resource where you live?

   Name three resource guides or information sources.

   a.

   b.

   c.

4. How would you identify a resource for people with STDs in your community?

5. How would you identify a resource for people with HIV infection in your community?

6. Are there resources in your community for people with STDs? If yes, name two.

7. Are there resources in your community for people with HIV infection? If yes, name two of them. If no, there is the National AIDS Hotline number, 1-800/342-AIDS and the state AIDS Hotline is 1-800/299-AIDS. They can tell you where help is available in your area.

NAME ____________________ DATE ____________________

A LOCAL RESOURCE

For each community service, fill in the information below.

Name and address

Telephone number/Hotline number

Hours of operation

Check all services available:

information ____ counseling ____ testing ____

treatment ____ referral ____

Languages spoken

Handicap access: Yes ____ No ____

Other information

LOCAL AIDS TELEPHONE HOTLINE ____________________

NATIONAL AIDS TELEPHONE HOTLINE (toll free): 1/800-342-AIDS

NOTE:
Services may change, and more services may become available. Write the date that you received the above information.

____
day/month/year

Language Arts Grades 7/8

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-5. Differentiate between communicable and noncommunicable diseases.

ASSESSMENT CRITERION

Identify and differentiate facts on communicable and noncommunicable diseases.

ACTIVITIES & STRATEGIES

Begin the lesson with a discussion on disease. Tell the students that records of disease, both communicable and noncommunicable, date to the beginnings of written history. They included such communicable diseases as cholera, plagues, and leprosy. More recently, poliomyelitis and AIDS have caused the deaths of untold millions. Noncommunicable diseases or those of a genetic or systemic nature such as diabetes, epilepsy, and sickle cell anemia have also caused suffering and death to people throughout the ages.

Ask the students to define *communicable disease* and *noncommunicable disease* . (Use dictionaries if necessary.)

With student input, generate a list of each type of disease. Write the lists on an overhead transparency without comment or correction. Check to make sure that AIDS and syphilis are on the list. Also, add some unusual diseases not found in the U.S. such as onchocerciasis and bilharyiasis which even today affect millions of persons in some underdeveloped countries.

Ask the students to list the sources of information for each of these diseases. Assign one disease to each student or pair of students. Use the frame map on the worksheet, "A Modern Disease," for students to record information on each particular disease.

Ask the students to report on the diseases. Return to the list on the overhead transparency. Correct any misinformation found there.

Option:
For advanced students or students with special interests, have them gather all the frame maps and write a report with the facts organized. Or make poster-sized frame maps including all of the information gathered through library research.

RESOURCES & MATERIALS

Overhead projector and transparency

Teacher Tip

Alert the school library staff of the research needs of students.

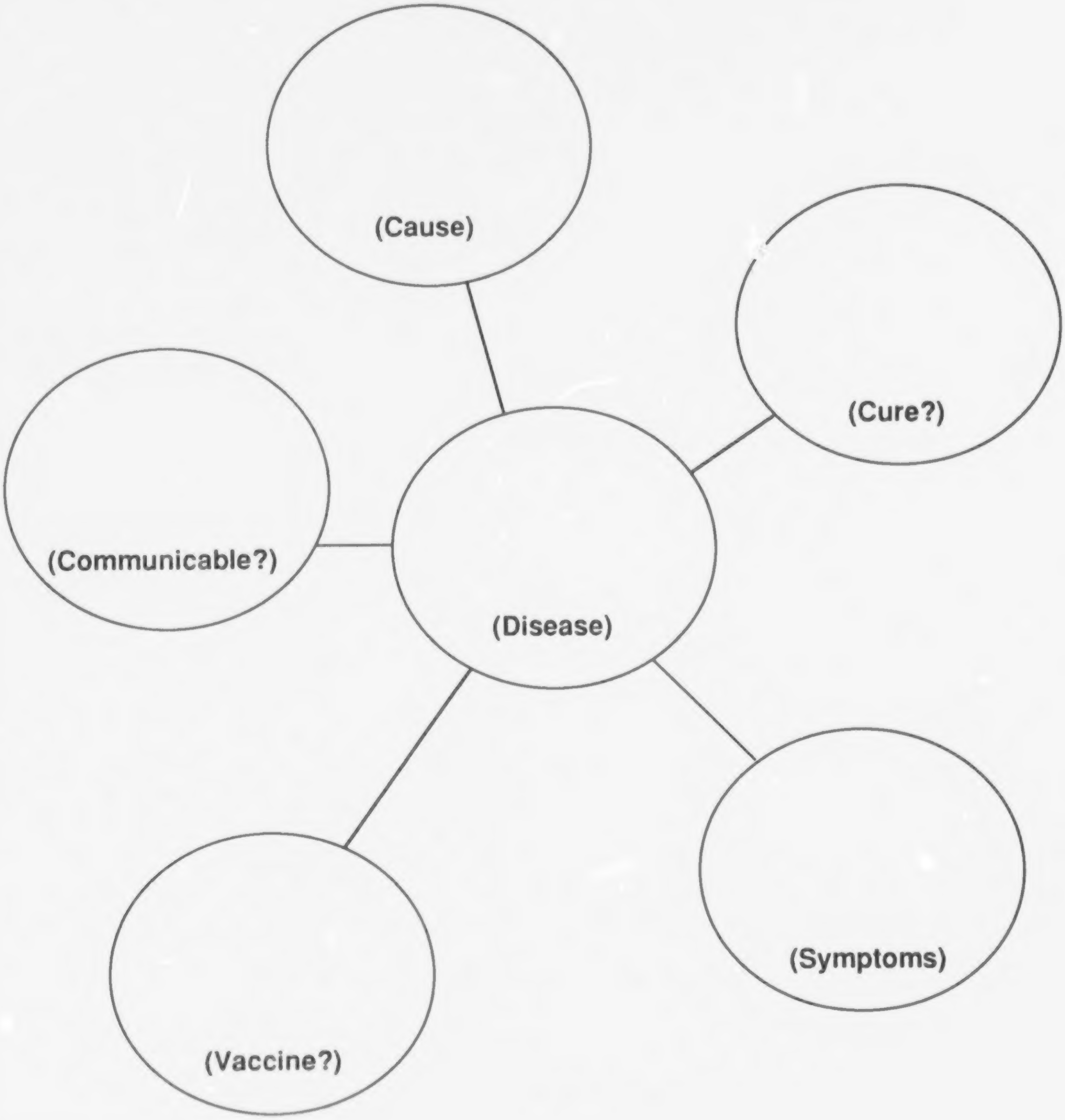
Worksheet: "A Modern Disease"

ESSENTIAL ELEMENT

English language arts. Grade 8. Writing concepts and skills. The student shall be provided opportunities to write for a variety of purposes and audiences.

NAME________________________________ DATE____________________

A MODERN DISEASE


(Cause)
(Cure?)
(Communicable?)
(Disease)
(Symptoms)
(Vaccine?)

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.A-8. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.

ASSESSMENT CRITERION

Identify personal feelings about HIV infection.

ACTIVITIES & STRATEGIES

This lesson deals with discrimination, HIV/AIDS discrimination, and AIDS discrimination against Ryan White.*

Define and discuss with the students prejudice and discrimination in our society.

Discuss with the class using questions such as:
- How would you feel if one of your family members became infected with HIV?
- How would you feel if one of your friends became infected with HIV?
- Would your feelings and ideas change?
- Do you think students would feel and react differently depending on whether the persons with HIV contracted the disease through blood transfusion, sexual contact, or injectable drug use?

Ask the class to discuss Ryan White's accomplishments concerning prejudice toward a student with AIDS.

Distribute the worksheet, "Ryan White Assignment." Ask students to choose one of the six options to write about.

Ask for volunteers to share their assignments with the class.

Allow students to list on paper personal goals related to HIV. Include commitments regarding their own behavior and regarding interpersonal interactions with persons with HIV/AIDS, families, and friends.

Option:
Research other articles reporting AIDS discrimination.

* Ryan White died in 1990.

RESOURCES & MATERIALS

Book suggestion:
Ryan White: My Own Story by Ryan White and Ann Marie Cunningham, 1991. Dial Books, 395 Hudson Street, NY, NY 10014; 1-800/526-0275

Worksheet: "Ryan White Assignment"

ESSENTIAL ELEMENT

English language arts. Grade 7. Reading concepts and skills. The student shall be provided opportunities to distinguish between fact and nonfact.

NAME________________________________ DATE____________________

Ryan White Assignment

Choose one of the following:

- Pretend you are Ryan White on the night before his first day at his new school. Write a journal entry describing your thoughts and feelings as you think about starting school tomorrow.

- Imagine you are the editor of the student newspaper in the last school that Ryan attended. Write an editorial for your school newspaper in which you discuss the way Ryan was treated while he attended your school and share your opinions about that.

- Write a story describing Ryan's first day at his new school.

- If Ryan or another person with HIV was going to speak to our class, what are some questions you would like him or her to answer? Write at least 10 questions for such a guest speaker.

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.A-7. Access and critique information on communicable diseases, including HIV/AIDS.

ASSESSMENT CRITERION

Identify how HIV is transmitted and is not transmitted.

ACTIVITIES & STRATEGIES

This lesson will help students identify and determine myths and misinformation concerning HIV infection and transmission. Before conducting this lesson prepare the class for the type of discussion about HIV modes of transmission that this subject requires. See Appendix J, Transparencies.

After covering modes of HIV transmission, issue the worksheet, "HIV: Missing Facts," to individual students or small groups. Allow time for completion of the worksheet.

Through a teacher-led discussion,give the students the opportunity to determine and discuss the missing facts in a fictitious scenario.

Option:
The worksheet is an effective instrument for peer education and parent education.

RESOURCES & MATERIALS

Appendix J, Transparencies

Worksheet: "HIV: Missing Facts"

ESSENTIAL ELEMENTS

- *English language arts. Grade 7. Writing concepts and skills. The student shall be provided opportunities to write for a variety of purposes and audiences.*
- *English language arts. Reading concepts and skills. The student shall be provided opportunities to distinguish between fact and nonfact.*

Name ____________________ Date ________________

HIV: Missing Facts

Each statement below is false because the person who made it did not know some important information. Determine on the lines provided.

1. "I'm afraid to be in public with strangers. If they cough or sneeze in my direction, I could get HIV."

   Missing fact: ____

   ____

2. "I inject and share needles with my friends. If we wipe off the needle each time, we won't transmit HIV."

   Missing fact: ____

   ____

3. "What's all the fuss about HIV? The ELISA test will test if you have it, and penicillin will kill the virus."

   Missing fact: ____

   ____

4. "I have a fever, swollen glands, cough, and diarrhea—the symptoms of HIV. I haven't been 'fooling around.' How could I have gotten HIV?"

   Missing fact: ____

   ____

5. "He's an athlete and such a hunk! He couldn't have AIDS!"

   Missing fact: ____

   ____

6. "I don't want to sit next to him. He looks like he has AIDS!"

   Missing fact: ____

   ____

7. "I'm afraid to give blood for Erica. I know she needs a transfusion, but I'm afraid I'll get HIV."

   Missing fact: ____

   ____

8. "She's just had one boyfriend, and he's really a nice guy. There's no way she could have HIV."

   Missing fact: ____

   ____

Language Arts Grades 7/8

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.B.8. Identify, describe, and critique education efforts in the prevention of HIV infection.

III.D.4 Communicate with decision makers on local, state, and national levels.

ASSESSMENT CRITERION

Write a class letter to state or local decision makers on HIV prevention education issues.

ACTIVITIES & STRATEGIES

Using the teacher resource, "Sample Lecture," review background information. Examine the need for prevention education as the only measure now available to minimize HIV infection.

Discuss prevention education techniques for a specific population (parents, high school students, middle school students, etc.)

Identify a decision maker (district, city, county, state, or national level) who may help put a prevention education program in place for that group. Identify persuasive points to convince the decision maker.

As a class, use the composing process to plan and generate a persuasive letter to that official. If appropriate, actually mail a letter to that person.

RESOURCES & MATERIALS

Teacher Resource: "Sample Lecture"

ESSENTIAL ELEMENT

English language arts. Grade 7. Writing concepts and skills. The student shall be provided opportunities to use the composing process to plan and generate writing, write for a variety of purposes and audiences, and apply common generalizations about spelling.

Sample Lecture

AIDS is a syndrome (or group of signs and symptoms) that is caused by HIV (human immunodeficiency virus). Viruses are very small germs that cannot live by themselves. They can complete their life cycles only by infecting cells of other living things. The name AIDS stands for some words that give us the basic facts about the disease.

A stands for *acquired,* meaning obtained as opposed to being inherited.

I is for *immuno.* The immune system protects us from certain diseases. We learned, when we studied about white blood cells, that they are a part of the immune system and that the job of the immune system is to protect us from disease.

D is for deficiency, meaning that the immune system is lacking something or is weakened.

S is for *syndrome,* a term that medical people use for a group of symptoms that indicate a person is sick. Thus, if you think of having a bad cold, poison ivy, or some other condition, you can usually think of several symptoms that make up the syndrome of that condition.

AIDS stands for acquired immunodeficiency syndrome. It is caused by a virus that breaks down the body's immune system. The immune system is what helps our bodies fight off disease. If the immune system does not function properly, one can get a number of diseases that do not affect a healthy body. That is what happens to people infected with HIV or human immunodeficiency virus. This virus attacks the immune system, so that over time the immune system is less and less able to fight off disease. Finally, almost all people with AIDS die, usually not from HIV infection directly but from some other disease that HIV has allowed their bodies to contract. Two of these diseases are *Pneumocytis carinii* pneumonia (PCP) and Kaposi's sarcoma, a type of cancer.

HIV is spread in only a few ways. One of the ways is by having sexual intercourse with a person who has the infection. This puts HIV infection into a group of diseases we call *sexually transmitted diseases,* or *STDs,* meaning, of course, that they are passed from one person to another through sexual contact. There are more than 20 different germs that are spread this way, and all of them cause unpleasant diseases. Many of the STDs, however, unlike AIDS, can be treated and cured.

Another way to pass HIV is by using the same intravenous (IV) needle or syringe as an infected person. This would not happen in a hospital, clinic, or doctor's office in the United States, where needles are only used once, then thrown away. However, drug abusers are not careful about needles and syringes. Unsterile tattoo needles or ear-piercing equipment could also spread the virus.

If a pregnant woman is infected with HIV, she can pass the virus on to her unborn baby. An estimated 30%-50% of infected women pass the infection to their newborns. The only way a pregnant woman can keep her unborn baby safe from HIV is to keep safe herself, that is, to prevent getting infected in the first place. Women who are infected with HIV are advised not to get pregnant, because of the risk of passing the virus on to their babies.

A small number of people have gotten HIV from receiving blood transfusions. Since 1985, all blood donations in the United States have been carefully tested for evidence of the virus, and any blood containing the HIV antibody has been destroyed. Because these tests are not perfect, we cannot say that receiving blood is absolutely safe. Receiving blood was never absolutely safe; however, people get blood transfusions when they have serious illnesses, injuries, or operations. Therefore, the benefits of receiving blood outweigh the small risks. Giving blood, by the way, is safe; there is no risk because sterile needles are used.

A small number of health professionals have also contracted or transmitted HIV through health procedures that involve blood to blood contact. This is why health professionals now wear gloves when there is a chance of blood contact.

HIV is very fragile; it dies quickly once it is outside the body because it does not live or grow in the environment. You cannot get infected with HIV from casual, everyday contact. That means you cannot get infected from:

- going to school with someone who has AIDS or is infected with HIV
- shaking hands, hugging, or kissing cheeks
- mosquito or other insect bites
- swimming in public pools
- touching doorknobs, phones, toilets, dishes, towels, and so on
- tears, coughs, or sneezes

Do not loose track of the idea that the two main ways a person gets infected with HIV are by having sexual intercourse and by sharing IV needles or syringes with an infected person. Let's say that another way: If you do not engage in any kind of sexual intercourse and if you do not use injectable drugs, you do not need to worry about becoming infected with HIV, no matter where you live, who you know, or what you touch. But if you do engage in sexual intercourse or use injectable drugs or unsterile needles, you can become infected with HIV.

There is no cure for HIV infection right now and not much hope for developing a cure very soon. But HIV infection can be prevented. You can protect yourself by never using IV drugs and by not having sexual intercourse until you are an adult and ready to establish a lifelong mutually monogamous relationship with an uninfected partner. If you do not have sexual intercourse, you will also be protecting yourself from more than 20 other STDs mentioned earlier. There are plenty of other good reasons besides HIV for abstaining from (not having) sexual intercourse at your age and for not using drugs at any age.

Sexual intercourse can be one way of expressing love and affection. Unfortunately, adults may sometimes sound as if they want young people to believe that sexual intercourse is wrong. In fact, most respectable, responsible, and religious adults enjoy sexual intercourse. But — and this is an important but — they enjoy sexual intercourse with the person they are married to and whom they love and are committed to.

A serious adult relationship, especially marriage, means a lot of things. One of them is a commitment to "mutual monogamy." What does this mean? It means that both partners agree not to have sexual intercourse with anyone else. Why do people want to make that commitment? Because they value their relationship and the trust and love they share with each other.

But sex is not the only way that people share their love. There are lots of other ways. Sexual intercourse can cause many problems when you are not ready for it. That's why those of us who really care about you — and we do — want you to wait. All the experts who deal with teenagers' problems strongly recommend that before you have sexual intercourse, you should wait until you are older and are ready to commit yourself to one other person for a long time.

As for drugs, there's an awful lot to be known about different kinds of street drugs, but one thing you probably already know is that one of the most dangerous things you can do is to "shoot up," or inject drugs under your skin or into your veins. It was dangerous to do this before HIV was known, because the injected drugs — usually heroin, cocaine, or speed — are so dangerous. The drugs can cause a user to get addicted (dependent), and there is also a great danger of overdose. What's more, needle users can get other serious and sometimes fatal diseases such as hepatitis B or heart infections. Then there are the dangers inherent in belonging to the "drug culture" itself — we hear about drug-related crimes all the time. People who use injectable drugs must now add "death by HIV" to the list of reasons to stop using drugs.

The use of drugs may alter one's ability to reason and cause a person to make unhealthy decisions. The use of these drugs may also negatively affect one's ability to resist peer pressure and, therefore, lead to activities that would cause exposure to HIV.

I want you to remember one important thing from this lesson. Please listen carefully:
If you are not infected with HIV now, you never have to be. It's up to you.

Adapted from *Preventing AIDS*, Education Development Center, Inc. Newton, Massachusetts

Language Arts Grades 7/8

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.C-2. Identify persons including family members who can help with information on communicable diseases, including HIV/AIDS.

I.C-3. Identify community professionals, programs, and resources.

ASSESSMENT CRITERION

Describe how and where to obtain the most accurate HIV information.

ACTIVITIES & STRATEGIES

Lead a discussion that identifies and describes local and community resources for HIV information for students, emphasizing the family as the first source of information. Ask each student to choose a partner for this activity. Issue the worksheet, "HIV Questionnaire," to each pair of students. Explain that each student will interview the other partner. Record the answer on the worksheet. Allow time for completion of this activity. Ask the students to volunteer their answers for a teacher-led discussion. Focus the discussion on the availability of local and community resources for HIV information.

Provide a community resource directory to identify agencies, clinics, and other groups that would provide HIV information.

Option:
A representative from a community-based organization can play a vital role as a guest speaker.

RESOURCES & MATERIALS

Worksheet: "HIV Questionnaire"

Teacher Resource

ESSENTIAL ELEMENTS

- *English language arts. Grade 7. Language concepts and skills. The student shall be provided opportunities to use oral language effectively for a variety of purposes and audiences.*
- *English language arts. Grade 7. Speaking and listening skills. The student shall be provided opportunities to take notes from an oral presentation.*

NAME______________________________ DATE____________________

HIV Questionnaire

Directions: Answer the following questions as completely as possible.

1. How have you become aware of the HIV issue? What information have you most recently heard? What was the source of that information?

2. Describe any programs, information, or entertainment you have seen on television or have heard on the radio that have dealt with HIV. What was the main message given concerning the disease?

3. Describe any conversations among your peers concerning HIV. Did your peers seem informed or misinformed about the disease? How is this subject of HIV treated among your friends — seriously or in a joking manner? Do you feel comfortable discussing it?

4. Describe any other situations that you are aware of where HIV has been discussed – parent conversations, classroom discussions, church, etc. How did the conversations start? What were the issues discussed and the feelings expressed?

GUEST SPEAKERS FOR THE CLASSROOM

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- Speakers should represent a respectable, recognized organization, group, or agency.

- Speakers should be informed about the cultural or ethnic backgrounds; the cognitive, age and developmental levels; and the special needs of the students.

- Proposed speakers who are not recognized as expert or who represent an unknown group should be referred to and checked by the administration. Students should never be a captive audience for biased, nonfactual presentations.

- Teachers can ensure more effective presentations by:
  - encouraging and facilitating the use of audiovisuals and other presentation methods appropriate to the students
  - limiting the number in the students
  - informing the speaker of time limits and providing time for questions
  - asking the speaker to send handouts for the teacher to reproduce and check for appropriateness
  - securing information to use in introducing the speaker
  - remaining in the classroom to assist the speaker during the entire presentation

Language Arts Grades 7/8

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-15. Identify and analyze the significance of family, peers, role models, and social pressure in making decisions about behaviors.

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

Analyze the importance of healthy decision making.

ACTIVITIES & STRATEGIES

Discuss the advantages of making healthy choices.

Read the story "Jasmine and Juan" to the class. Pass out the worksheet, "Questions About Jasmine and Juan." Then ask students to write response to each question. Allow 15 minutes to complete the activity.

Call on volunteers to share their answer. Discuss each answer as it relates to responsible decision making, behavior, and attitudes.

Note: Jasmine's choice of friends contributed to the decisions she made. For Jasmine and others, the use of drugs effect decision-making abilities. Making the decision to remain drug free is the only way to be certain that wise, possibly life-saving decisions are made. It takes one experiment with IV drugs to possibly get HIV.

Closing activity — "Peer pressure sometimes makes wise decision making more difficult." Read the following statement and review steps to effective decision making. Ask the students to write a paragraph discussing the ideas.

Review the modes of HIV transmission. Write on the overhead transparency or chalkboard.

HIV is transmitted by:
- sexual intercourse
- injectable drug use with contaminated needle
- passing from mother to unborn child
- blood to blood contact

The only 100% safe behavior is abstinence from sexual intercourse and drug use.

Option:
Pass out the story, "Jasmine and Juan." Ask the students to complete the story by writing a conclusion. Post the essays for classroom display.

RESOURCES & MATERIALS

Worksheet: "Jasmine and Juan"

Worksheet: "Questions About Jasmine and Juan"

Chalkboard or overhead projector and transparency

ESSENTIAL ELEMENT

Language arts. Grade 7. Writing concepts and skills. The student shall be provided opportunities to synthesize information from several of sources.

NAME________________________________ DATE____________________

Jasmine and Juan

Jasmine, age 14, was introduced to Juan by her friend Mary. Mary, 16 years old, lives right above Jasmine in the apartment complex and seems to know just about everyone. Juan, Mary tells Jasmine, lives just down the street, is 18 years old, and runs with the in-crowd.

Each afternoon after school, Mary and Jasmine walk up to the courts and watch the guys play ball. Juan always comes over to talk, and Jasmine really begins to like him. He seems to give her an extra amount of attention. He is really cute and is popular with everyone.

One afternoon, Jasmine dropped by Mary's apartment to get her so they could walk to the courts, but Mary was not there. Jasmine walked to the courts by herself and was looking forward to seeing Juan. By the time she got there, the game was already breaking up, and Juan came straight over to her. Jasmine smiled with anticipation as Juan approached. Much to her surprise, Juan invites her to go with him to meet a few friends. Jasmine is flattered and stammers a hesitant, "Oh, I'd like to…that would be fun."

They walk to a nearby apartment and go inside. Mary and some of her friends are already there, too. Mary tells Jasmine to come over and join the action with some "good stuff" she just bought. Jasmine sees that Mary and her friends are sitting on the floor, drinking and passing around some needles for shooting up. Juan sits down and takes the needle from Mary. He tells Jasmine to come over, and he'll fix it real good for her. Jasmine joins the group and looks around. All the people in the circle seem friendly and are having a good time. Juan says, "You'll like this — I've fixed it for you real special — cause you're real special." He hands Jasmine the needle with the drug solution. All eyes are on Jasmine.

NAME______________________________ DATE____________________

Questions About Jasmine and Juan

1. What do you think Jasmine is thinking?

2. How do you think Jasmine feels?

3. Why do you suppose Juan wants Jasmine to shoot up?

4. Why do you think Mary would want Jasmine to use drugs?

5. What should Jasmine say?

6. What should Jasmine do?

7. Will Jasmine's actions cause her to be more popular or less popular with Juan, Mary, and their friends?

8. What should Jasmine decide to do in regard to friendships?

9. Do you think Jasmine will think about the chance of becoming HIV infected in this particular situation? Why or why not?

Language Arts Grades 7/8

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-14. Examine issues of confidentiality and public reaction relative to HIV-infected persons.
II.B-9. Examine and critique school policies and procedures regarding HIV/AIDS.

ASSESSMENT CRITERION

Formulate questions to present to the class speaker on the legal aspects relative to HIV/AIDS.

ACTIVITIES & STRATEGIES

Using the Teacher Resource, review basic HIV/AIDS information. Ask the students to consider what legal issues may be presented by the HIV/AIDS epidemic. Write the suggestions on the chalkboard or overhead transparency. Be certain to include school legal issues.

As a group, develop suggestions into questions to pose to a qualified speaker.

Discuss who may be available to address these legal issues—i.e., provide answers and guidelines (perhaps the school attorney; professionals from a local clinic, hospital, or HIV/AIDS advocacy center). If no qualified person is identified, ask a student volunteer to call the Texas Legal Assistance Line (1-800/828-6417) for a suggested speaker. Identify a speaker and arrange for a classroom presentation.

Provide the speaker with questions prior to the classroom appearance. Use the Teacher Resource to maximize efficacy of the speaker's presentation.

Use the Teacher Resource as guidelines to facilitate question and answer sessions.

Conclude by asking the class to write a paragraph completing the sentence: "A legal right of a student with AIDS is … ."

RESOURCES & MATERIALS

Teacher Resource
Chalkboard or overhead projector and transparency

Teacher Resource: "Guest Speakers for the Classroom"

ESSENTIAL ELEMENT

English language arts. Grade 8. Speaking and listening skills. The student shall be provided opportunities to respond appropriately to a presenter.

Question and Answer Skills

Question and answer skills to cultivate include the following:

- Be sure you know exactly what the student is asking. You may have to announce, "Will the student who asked about ... please write another note that tells me what you want to know. I'm not sure."
- Translate street language into classroom language as you answer. It is inappropriate for a teacher to use street language in the classroom unless students simply do not understand any other. However, be accepting of street language or childhood phrases in questions; sometimes students have no other words to use. Teach them classroom language through this process.
- Answer in factual terms exactly what was asked. Answer appropriately to the students' level of understanding and development. Do not add a lecture to each answer.
- If a question involves a controversial topic, be sure to limit your answer to facts only. Confine your answer to the generic. Ask students to also ask this question at home because it is a parent's responsibility to share family opinions and beliefs related to controversial subjects.
- Be knowledgeable about and adhere to school district policy and directives on controversial topics. For example, be certain you know how to handle suspected sexual abuse. (See Appendices.)
- If questions address a topic not yet covered in class, hold these questions for later. Explain: "Some of you asked about things that we will study next week. I will keep these questions, and we'll see if you have the answers then."
- Do not share your personal experience or your personal life. Do not ask students to share theirs, either. Use no names; stay in the generic.

GUEST SPEAKERS FOR THE CLASSROOM

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    - limiting the number in the students
    - informing the speaker of time limits and providing time for questions
    - asking the speaker to send handouts for the teacher to reproduce and check for appropriateness
    - securing information to use in introducing the speaker
    - remaining in the classroom to assist the speaker during the entire presentation

Mathematics Grades 7/8

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-12. Explain the critical importance of preventing HIV infection.

ASSESSMENT CRITERION

Use pattern recognition to predict the number of people one person can infect with HIV.

ACTIVITIES & STRATEGIES

Show the transparency, "Natural History of HIV/AIDS." A brief history of HIV should be explained. The first cases of the virus were reported in 1981. From 1981 to 1987, 50,000 AIDS cases were reported; by August 1989, 100,000 cases had been reported. From September 1989 to November 1991, an additional 100,000 cases were reported.

Pass out the worksheet, "Prevention of HIV Infection." Explain to the class that the worksheet will focus on the rapid rate of HIV transmission. The class can be divided into small groups, or the students can work individually.

The analysis of Question 3 should be followed by a class discussion on how the cycle of infection can be broken. How can prevention of the spread of the virus occur? People must not engage in risky behavior. Risky behavior is considered to be using unsterilized needles or sexual intercourse. It should be emphasized that abstinence is the safest preventative. Most HIV-infected children have acquired the virus from an infected mother during pregnancy or childbirth. A few became infected through blood transfusions before 1985. A person cannot acquire the virus through casual contact with an infected person or from a mosquito bite.

RESOURCES & MATERIALS

Calculators, overhead projector

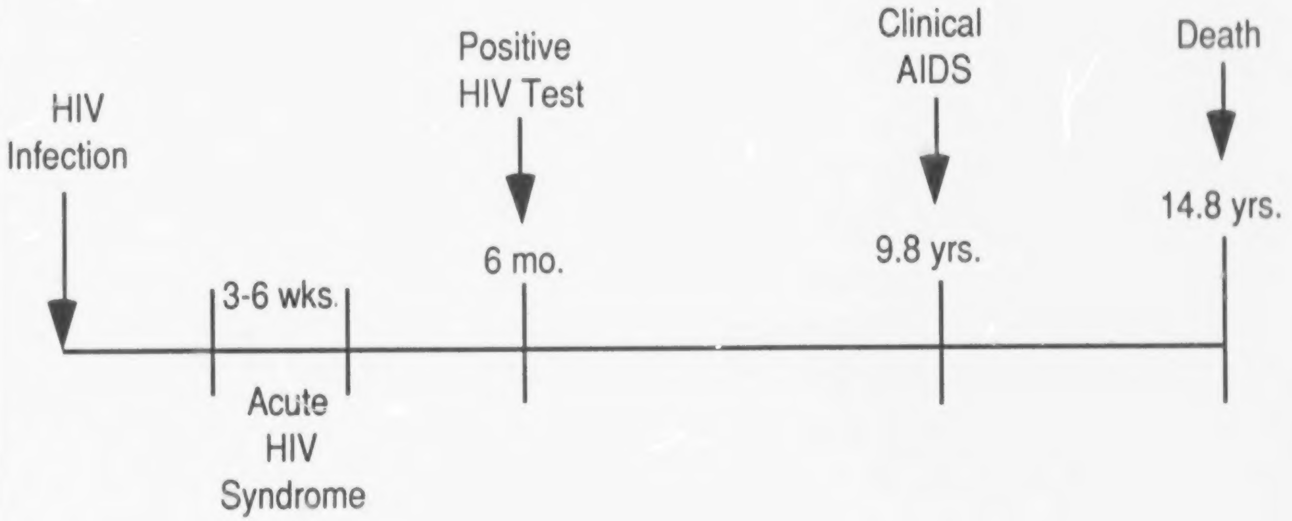
Transparency: "Natural History of HIV/AIDS"

Worksheet: "Prevention of HIV Infection"

ESSENTIAL ELEMENT

Mathematics. Grade 7 and 8. Problem solving. Experience in solving problems designed to systematically develop students' problem-solving abilities through a variety of strategies and approaches. The student shall be provided opportunities to engage in the following types of activities: analyze problems by identifying relationships, discriminating relevant from irrelevant information, sequencing, observing patterns, prioritizing, and questioning.

NATURAL HISTORY OF HIV/AIDS



HIV Infection

3-6 wks.

Acute HIV Syndrome

Positive HIV Test

6 mo.

Clinical AIDS

9.8 yrs.

Death

14.8 yrs.

Name ______________________ **Date** ________________

Prevention of HIV Infection

1. A person acquires the virus and infects two other people every six months; each of the newly infected people infect two more people. How many people are infected at the end of two years? Use a table to detect a pattern. How many do you think will be infected at the end of two and one-half years? Three years?

Time	Number of newly infected	Total infected
Now		
6 months		
1 year		
1 1/2 years		
2 years		

2. Suppose one person is infected and infects three other people at the end of one year. Each of these people infect three new people every year. How many people will be infected at the end of three years? Four years? Using the exponent key on the calculator, figure how many people will be infected at the end of eight years?

Time	Number of newly infected	Total infected
Now		
1 year		
2 years		
3 years		
4 years		
10 years		

3. What happens if you break the cycle of infection? What if only one new person is infected every year? How many people will be infected at the end of 10 years?

Time	Number of newly infected	Total infected
Now		
1 year		
2 years		
3 years		
4 years		
10 years		

Prevention of HIV Infection (Key)

1. A person acquires the virus and infects two other people every six months; each of the newly infected people infect two more people. How many people are infected at the end of two years? Use a table to detect a pattern. How many do you think will be infected at the end of two and one-half years? Three years?

Time	Number of newly infected	Total infected
Now	1	1
6 months	2	3
1 year	6	9
1 1/2 years	18	27
2 years	54	81

2. Suppose one person is infected and infects three other people at the end of one year. Each of these people infect three new people every year. How many people will be infected at the end of three years? Four years? Using the exponent key on the calculator, figure how many people will be infected at the end of eight years?

Time	Number of newly infected	Total infected
Now	1	1
1 year	3	4
2 years	12	16
3 years	48	64
4 years	128	256
10 years		$4^{10} = 1,048,576$

3. What happens if you break the cycle of infection? What if only one new person is infected every year? How many people will be infected at the end of 10 years?

Time	Number of newly infected	Total infected
Now	1	1
1 year	1	2
2 years	1	3
3 years	1	4
4 years	1	5
10 years	1	11

Mathematics **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.B-5. Discuss the statistical data available on HIV/AIDS.
II.B-6. Identify and analyze geographical patterns in the incidence of HIV/AIDS.

ASSESSMENT CRITERION

Construct graphs that illustrate the increase of HIV/AIDS during a specific time period.

ACTIVITIES & STRATEGIES

Use the Teacher Resource for a transparency to give the students facts on HIV/AIDS. HIV is the virus that causes AIDS. An estimated 390,000 to 480,000 persons will be infected in the U.S. by 1993. Many persons with HIV infection show no visible symptoms, may not be aware of their status, and may not show visible symptoms for up to 10 years.

Ask pairs of students to examine statistics, decide upon an appropriate graph format, and construct a graph for presentation/explanation to the group.

Option:
Help students make transparencies to enable them to give easy presentations to the class.

RESOURCES & MATERIALS

Teacher Resource

Overhead projector and blank transparencies for making personal graphs

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ESSENTIAL ELEMENT

Mathematics. Probability, statistics, and graphing. The use of probability and statistics to collect and interpret data. The student shall be provided opportunities to compare different graphic representations of the same data to determine the appropriateness of the graph.

AIDS CASES

1981 — 270 Confirmed cases
246 Deaths

1982 — 1,014 Confirmed cases
885 Deaths

1983 — 2,821 Confirmed cases
2,456 Deaths

1984 — 5,681 Confirmed cases
4,597 Deaths

1985 — 10,056 Confirmed cases
7,455 Deaths

1986 — 14,835 Confirmed cases
7,844 Deaths

1987 — 14,983 Confirmed cases
4,203 Deaths

1988 — Confirmed cases
Deaths

1989 — Confirmed cases
Deaths

1990 — Confirmed cases
Deaths

Source: Centers for Disease Control, *Morbidity and Mortality Week Report*, 1990

Mathematics **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.

ASSESSMENT CRITERION

Determine the percent of women who acquire AIDS by various risky behaviors.

ACTIVITIES & STRATEGIES

In a whole-group discussion, provide the students with calculators and introduce the statistics on the number of AIDS cases. Since AIDS was first diagnosed in 1981 over 179,000 cases have been reported. In 1989, the number of reported AIDS cases was 35,230. In 1990, 43,339 AIDS cases were reported. Ask a student to compute the percent of increase in the number of cases.

$$43{,}339 - 35{,}230 = 8{,}109$$
$$8{,}109 = 23\%$$

The largest population increase in AIDS cases was among women blacks and Hispanics, persons living in the South, and persons exposed to HIV through heterosexual contact. The largest number of increases were among whites and bisexual males.

Women accounted for 4,890 of the 1990 cases. Compute the percent of the total number of cases of women for each of these different categories. The answers given have been rounded to the nearest tenth of a percent.

	# of Cases	**Answer**
Total women cases	4,890	
Black	2,539	**51.9%**
White	1,236	**25.3%**
Hispanic	1,069	**21.9%**
Women with a history of drug use	2,329	**47.6%**
Women who had heterosexual contact with a man with HIV virus	1,657	**33.9%**

A class discussion should follow the computation. Ask the class what the data indicates about risky behaviors. Ask, "How can the AIDS virus be avoided?" "Who will you give this information to today? This week?

RESOURCES & MATERIALS

Calculators

ESSENTIAL ELEMENT

Mathematics. Grade 7. Operations and computation. Use of manipulatives to develop the concepts of basic operations on numbers and to apply these concepts to the computational algorithms. The student shall be provided opportunities to estimate solutions to problems using decimals and percent.

Mathematics **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

II.B-5. Discuss the statistical data available on HIV/AIDS.
II.B-10. Examine the roles and contributions of scientists and health professionals in the treatment and control of HIV/AIDS.

ASSESSMENT CRITERION

Describe the meaning of exponential spread of HIV/AIDS.

ACTIVITIES & STRATEGIES

Write on the chalkboard or overhead transparency: "The exponential spread of HIV/AIDS is alarming." Discuss the meaning of the statement. Highlight the mathematical concept and process of the exponent.

Remind students that HIV is the virus that causes AIDS. Many people who are HIV-infected are not sick and may not know they are infected. They may through high-risk behaviors transmit HIV to others. AIDS may include one or more of the serious opportunistic diseases such as Kaposi's sarcoma or pneumocystis carinii pneumonia that a person is susceptible to because of a damaged immune system. Most people with AIDS die of one of these diseases.

Show the exponential increase by beginning with two persons with an exponential notation of two. One of these persons is HIV-infected and is unaware of it; these two people are sharing an intravenous drug needle. (If you give names to these two people, be certain that the names are not familiar, local persons—perhaps name them Male A and Female B). Ask students to continue this process six times (squaring the number six times). "How many people could now be infected with AIDS?"

In 1981, according to the Centers for Disease Control (CDC), 270 AIDS cases were confirmed. Ask students to square these once for each year. In six years, the CDC confirmed AIDS cases were 14,983. Ask students, "What is the total you calculated?" "Why the difference—i.e., why are actual cases lower?" (Some people may be choosing not to engage in high-risk behaviors after infection, perhaps more people are being tested, perhaps more people are becoming aware of early symptoms, etc.)

Conclude with: HIV/AIDS has now been identified worldwide. By 1993 in the U.S., an estimated 390,000 to 480,000 people will have been diagnosed with AIDS. A million Americans are estimated to be infected with HIV.

Ask the students to privately complete this sentence: "To me, the exponential spread of HIV means..."

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Tip

High-risk behaviors for HIV-infection:

- **sexual intercourse or sharing of needles (or other sharp instruments with infected persons)**
- **blood-to-blood contact with an infected person**
- **infected woman to baby prenatally or by breast-feeding**

Option: Ask the students to take home the incomplete sentance for an adult.

ESSENTIAL ELEMENT

Mathematics. Number and numeration concepts. Concepts and skills associated with the understanding of numbers and the place value system. The student shall be provided opportunities to simplify expressions involving exponents using a calculator when appropriate.

Mathematics **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.B-12. Analyze the statistical data available on HIV/AIDS.

ASSESSMENT CRITERION

Determine expected incidences of AIDS based on previous data.

ACTIVITIES & STRATEGIES

Divide the class into groups of four students. Give each group the worksheet, "AIDS Cases by Age in the United States, 1981-1991," which shows the cumulative number of AIDS cases reported for years, and two sheets of graph paper.

One pair of students will construct a graph that shows the number of AIDS cases in women by age; the other pair will construct a graph that shows the number of cases in men by age. The graph may be a histogram, line graph, or scatter plot. The students are to decide on the best scale to display their data.

Point out that unless the same scale is used on both graphs one cannot see the comparison of the data for men and women. Sample histograms are given on the worksheet, one for each set of data and one showing men and women on the same graph grid.

After the graphs have been constructed, the students should write five questions with answers that are derived by examining the statistical table or the graph. The group activity should be followed by a class discussion. Each group will display its graph, justify its selection of type of graph chosen to display the data, and ask the group questions.

Questions may include:

- What percent of the males diagnosed were under five years of age?
- During what age intervals is the percent of women diagnosed equal within one percent of the number of men diagnosed?
- What percent of the total number of diagnosed cases has been women?
- Between what age groups is the number of cases of men diagnosed almost double the previous age category?

RESOURCES & MATERIALS

Graph paper and calculators

Worksheet: "AIDS Cases by Age in the United States, 1981-1991"

ESSENTIAL ELEMENT

Mathematics. Grade 8. Probability, statistics, and graphing. Use of probability and statistics to collect and interpret data. The student shall be provided opportunities to select an appropriate format for presenting collected data.

NAME________________________ DATE________________

AIDS CASES BY AGE
IN THE UNITED STATES, 1981-1991
As Reported By
The Centers For Disease Control

	# Reported	Deaths	CFR*
Adults/Adolescents	196,034	126,491	64.5%
Children	3,372	1,798	52.3%
TOTAL	199,406	128,289	58.4%

*CFR = CASE FATALITY RATE (percent diagnosed with AIDS who died within the year of diagnosis)

CASES REPORTED, 1981-1991
BY AGE

	Males	%	Females	%	Cases
Under 5	1,411	1	1,312	6	2,723
05-12	412	0	237	1	649
13-19	557	0	201	1	758
20-24	6,609	4	1,336	6	7,945
25-29	27,274	15	3,958	18	31,232
30-34	42,321	24	5,362	25	47,683
35-39	39,696	22	4,136	19	43,832
40-44	26,190	15	2,143	10	28,333
45-49	14,863	8	1,032	5	15,895
50-54	8,166	5	654	3	8,820
55-59	5,044	3	473	2	5,517
60-64	2,785	2	349	2	3,134
65 or older	2,220	1	665	3	2,885
TOTAL	177,548		21,858		199,406

HIV/AIDS Surveillance Report

Mathematics **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.

ASSESSMENT CRITERION

Interpret HIV/AIDS data by examining graphs that show AIDS cases by categories.

ACTIVITIES & STRATEGIES

Graphs can be interpreted to show comparisons. The three graphs show the comparison by different categories. Examine these graphs and, as a whole group or in small-group discussions, write at least one reasonable conclusion about each graph.

Possible answers are:
- AIDS by drug (PCP) is more prevalent
- AIDS is more prevalent to adults than adolescents
- AIDS in white adults is more prevalent than adults of minorities

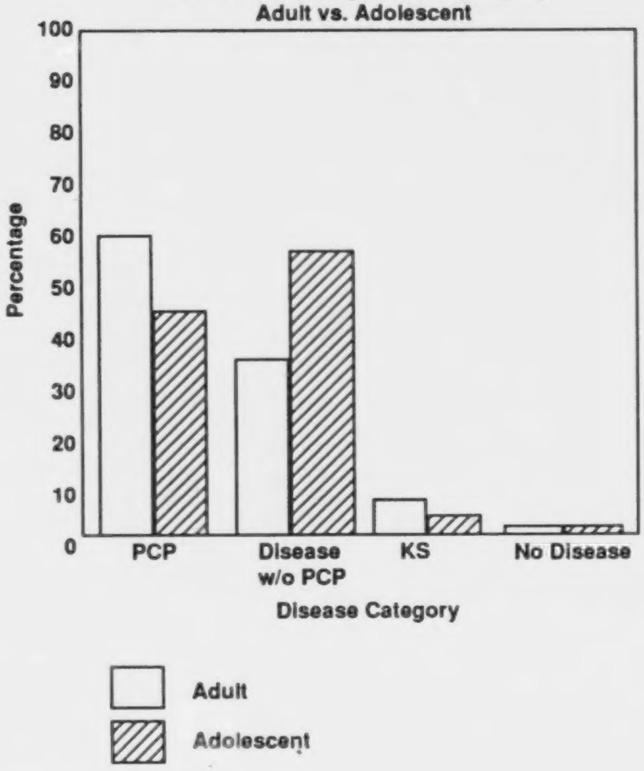
RESOURCES & MATERIALS

Calculator
Teacher Resource

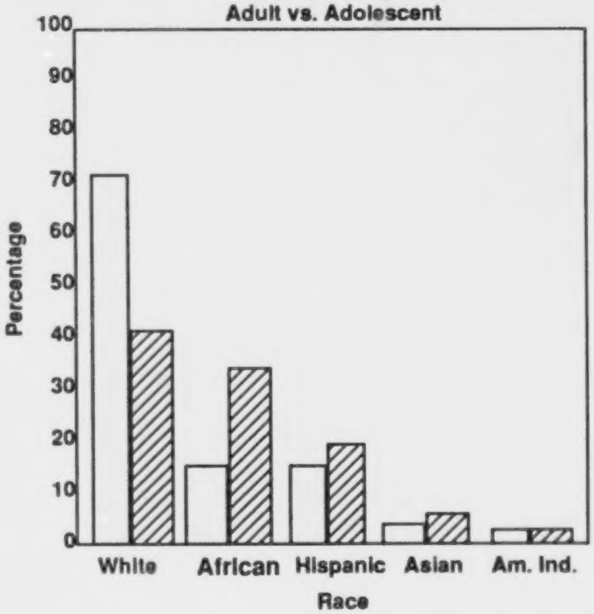
ESSENTIAL ELEMENT

Mathematics. Grade 8. Probability, statistics, and graphing. Use probability and statistics to collect and interpret data. The student shall be provided opportunities to evaluate arguments based on data analysis.

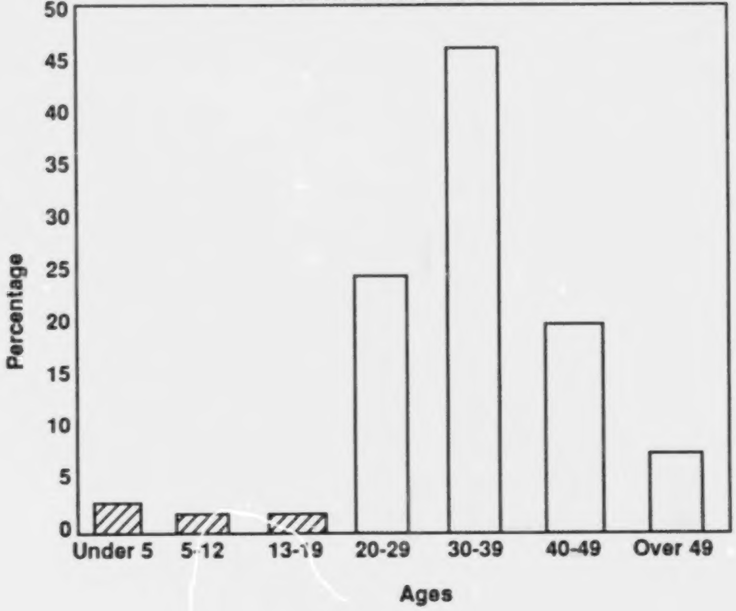
Cases of AIDS by Disease Category
Adult vs. Adolescent



Cases of AIDS by Race
Adult vs. Adolescent



Cases of AIDS by Age
Adult vs. Adolescent



Mathematics Grades 7/8

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.B-6. Identify and analyze geographical patterns in the incidence of HIV/AIDS.

ASSESSMENT CRITERION

Analyze the data on rates of AIDS cases to establish perceptions of risk.

ACTIVITIES & STRATEGIES

Begin this activity by commenting that both behavior and prevalence of the HIV infection in specific populations and geographic areas determine the level of risk for infection with the HIV (Human Immunodeficiency Virus).

Pass out the worksheet, "Population Tables." Discuss the two maps that show the rates for reported AIDS cases in men and women. Ask a student to interpret the maps information for Texas.

Assume the number of males and females in Texas are approximately the same.

Give copies of the worksheet, "Public Health Region Maps," to the students and ask them to use calculators to determine the expected number of cases to be reported in their public health region and in the largest selected county which is closest to their county.

After these numbers have been computed, lead a discussion on the feasibility of their answers. Begin the discussion by asking the following questions:

- Are all women as likely to acquire AIDS?
- Are all men as likely to acquire AIDS?
- What are risky behaviors that may result in acquiring HIV?
- What populations are more likely to acquire the virus?
- Why are there likely to be more cases in certain areas of the state than other areas?
- Will the rate of cases per 100,000 cases be higher in certain areas of the state? Why?

RESOURCES & MATERIALS

Calculators

Worksheet: "Population Tables"
Worksheet: "Public Health Region Maps"
Answer Key: "Public Health Region Maps"

Answer Key: Population Tables

The number of AIDS cases reported in Texas for females in 1991 was 2.4 per 100,000 females. The number of cases reported in 1991 for males was 48.2 per 100,000 males.

ESSENTIAL ELEMENT

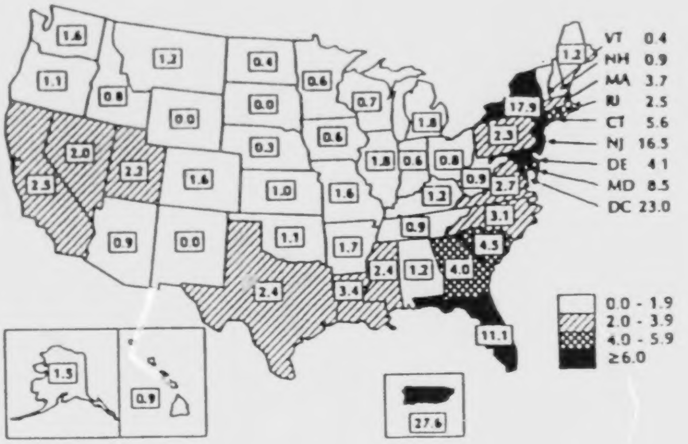
Mathematics. Grade 8. Probability, statistics, and graphing. Use of probability and statistics to collect and interpret data. The student shall be provided opportunities to understand and apply reasoning with proportions in problem situations.

Name ______________________ **Date** ____________________

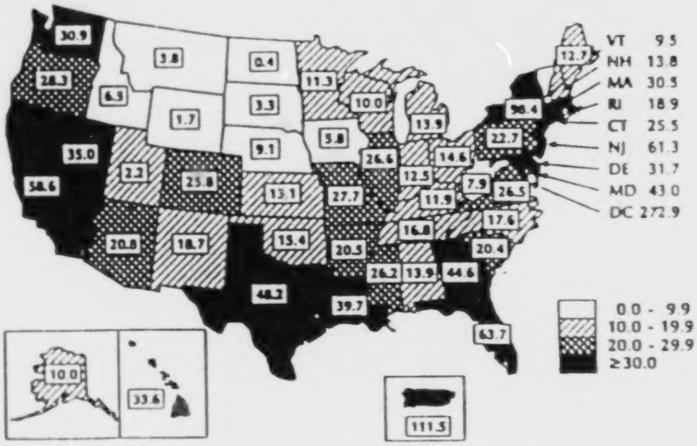
Population Tables

Rate of reported AIDS cases* among adolescents and adults, by sex and state of residence — United States, 1990

a. Adolescent/adult women


1.6
1.2
0.4
0.6
1.1
0.8
0.0
0.0
0.7
1.8
0.6
0.3
1.8
0.6
0.8
2.0
2.2
1.6
1.0
1.6
2.5
0.9
1.2
2.7
0.0
0.9
0.9
3.1
1.1
1.7
4.5
2.4
1.2
4.0
2.4
3.4
11.1
17.9
2.3
1.2
1.5
0.9
27.6
VT 0.4
NH 0.9
MA 3.7
RI 2.5
CT 5.6
NJ 16.5
DE 4.1
MD 8.5
DC 23.0
0.0 - 1.9
2.0 - 3.9
4.0 - 5.9
≥6.0

b. Adolescent/adult men


30.9
3.8
0.4
28.3
6.5
11.3
1.7
3.3
10.0
13.9
98.4
35.0
5.8
22.7
9.1
2.2
26.6
14.6
58.6
25.8
13.1
27.7
12.5
7.9
26.5
11.9
17.6
16.8
20.8
18.7
15.4
20.5
20.4
26.2
13.9
44.6
48.2
39.7
63.7
12.7
10.0
33.6
111.5
VT 9.5
NH 13.8
MA 30.5
RI 18.9
CT 25.5
NJ 61.3
DE 31.7
MD 43.0
DC 272.9
0.0 - 9.9
10.0 - 19.9
20.0 - 29.9
≥30.0

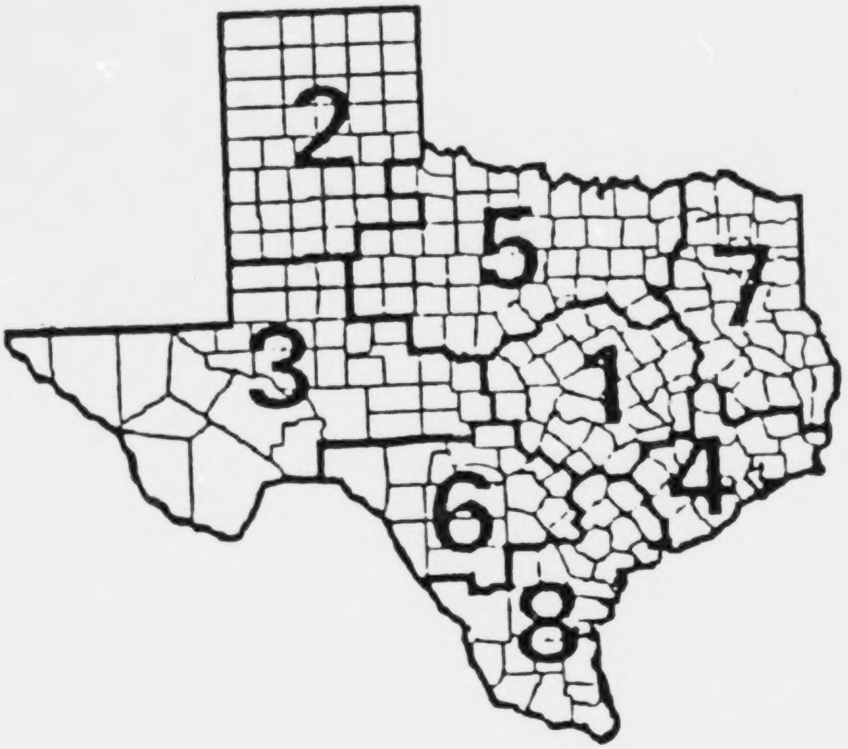
*Per 100,000 population.

Name ______________________ **Date** ____________________

1991 POPULATION ESTIMATES

PUBLIC HEALTH REGIONS			
1	1,760,924	5	4,848,688
2	741,857	6	1,640,610
3	1,148,201	7	1,224,653
4	4,343,872	8	1,550,883

SELECTED TEXAS COUNTIES			
Bexar	1,195,510	Hidalgo	395,398
Dallas	1,870,753	Nueces	293,965
El Paso	604,389	Tarrant	1,177,915
Harris	2,872,645	Travis	584,682



Public Health Region Maps

Answer Key

Public Health Region	Number of Females	Number of Males	Expected Number of Cases	
			Females	Males
1	880,462	880,462	21	424
2	370,928	370,928	9	178
3	57,410	57,410	1	27
4	2,171,936	2,171,936	52	1047
5	2,424344	2,424344	58	1169
6	82,005	82,005	2	40
7	612,327	612,327	15	295
8	775,442	775,442	19	374

Selected Texas Counties	Number of Females	Number of Males	Expected Number of Case	
			Females	Males
Bexar	597,755	597,755	14	288
Dallas	935,376	935,376	22	450
El Paso	302,194	302,194	7	147
Harris	1,436,322	1,436,322	34	692
Hidalgo	197,699	197,699	5	95
Nueces	146,983	146,983	4	71
Tarrant	588,957	588,957	14	239
Travis	292,341	292,341	7	141

LESSON OBJECTIVE

III.B-4. Identify, develop, and practice good decision-making skills.

ASSESSMENT CRITERION

Practice decision-making skills.

ACTIVITIES & STRATEGIES

Explain that this lesson will provide time to practice healthy decision-making skills. Ask two students to role-play the first situation in the Teacher Resource, "Decision-Making Scenarios." Read Scenario 1 to the class.

Ask if they would have made the same decision as Angie. If not, what would they have done differently? While brainstorming, write the replies on the chalkboard or an overhead transparency. Refer to the Teacher Resource for ensuring consistency with discussions.

Read the remaining scenarios and ask for a student volunteer to respond in the following manner:

- Identify the problem.
- Gather relevant information.
- Identify and compare possible alternative decisions.
- Share decision with the class.

Use the sample decision-making model to help students visualize the steps in decision making. Make a transparency or give copies of the model to the students.

RESOURCES & MATERIALS

Teacher Resource: "Decision-Making Scenarios" and "Question & Answer Skills"

Chalkboard or overhead projector and transparency

Teacher Tip

Reading the scenarios twice will help facilitate the activity.

Worksheet: "Decision-Making Model"

ESSENTIAL ELEMENT

Life science. Health concepts and skills. The student shall be provided opportunities to discriminate between responsible and irresponsible choices that affect personal health.

Question and Answer Skills

Question and answer skills to cultivate include the following:

- Be sure you know exactly what the student is asking. You may have to announce, "Will the student who asked about ... please write another note that tells me what you want to know. I'm not sure."
- Translate street language into classroom language as you answer. It is inappropriate for a teacher to use street language in the classroom unless students simply do not understand any other. However, be accepting of street language or childhood phrases in questions; sometimes students have no other words to use. Teach them classroom language through this process.
- Answer in factual terms exactly what was asked. Answer appropriately to the students' level of understanding and development. Do not add a lecture to each answer.
- If a question involves a controversial topic, be sure to limit your answer to facts only. Confine your answer to the generic. Ask students to also ask this question at home because it is a parent's responsibility to share family opinions and beliefs related to controversial subjects.
- Be knowledgeable about and adhere to school district policy and directives on controversial topics. For example, be certain you know how to handle suspected sexual abuse. (See Appendices.)
- If questions address a topic not yet covered in class, hold these questions for later. Explain: "Some of you asked about things that we will study next week. I will keep these questions, and we'll see if you have the answers then."
- Do not share your personal experience or your personal life. Do not ask students to share theirs, either. Use no names; stay in the generic.

Decision-Making Scenarios

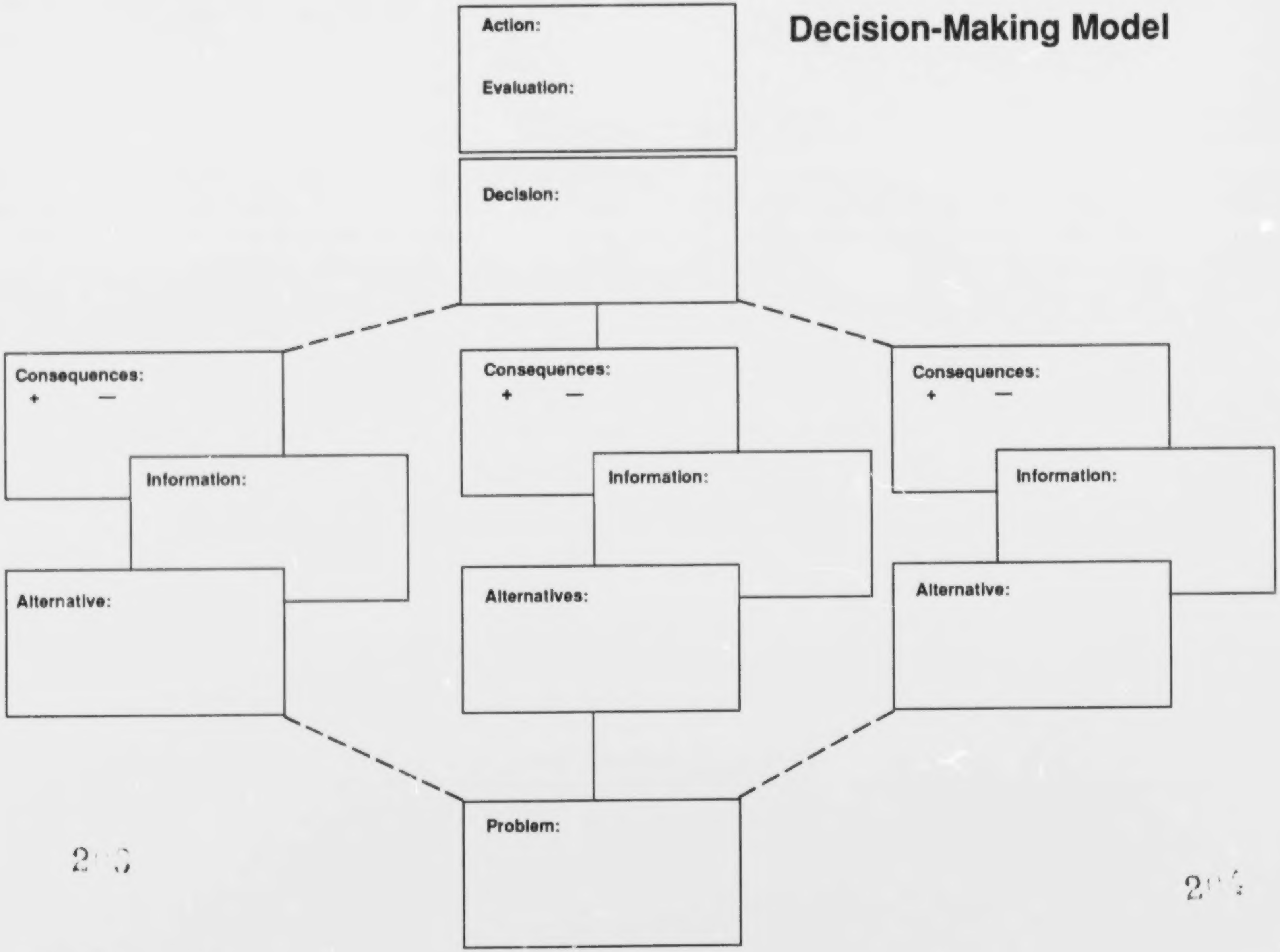
Scenario 1
Angie has had it with her parents. All they ever do is argue, either with each other or with Angie. Once again, Angie has been put on restriction. She is restricted to home for the next two weeks. One of her friends, who is also unhappy with her parents, is going to take off and leave home. She asks Angie if she wants to go.

Scenario 2
Your parents have told you that you can have a party and invite about 20 friends, all under 18. Your parents have also indicated that they want no drugs, including alcohol, at the party, and you have agreed. The party is tomorrow night. Your father has an unexpected meeting and won't be home. Your mother trusts you and your friends. She will probably watch television most of the evening. Today, one boy you invited — a guy who is really popular and well-liked — told another boy who is coming that he is bringing whiskey.

Scenario 3
You are at a party and your best friend has just accepted a ride home from another friend who you think may have gone outside and had a drink. No one lives near by. You have no license and no money, and you know your friend doesn't have much money either. Your friend lives two and one-half miles away. It is a cold winter night around 11:30 p.m.

Scenario 4
You are thumbing a ride to school because you are already late for first period. A nice looking, middle-aged lady in a van offers you a ride, so you get in. You are sitting next to her in the front seat, and you can smell whiskey on her breath. In the back are her two small children and a dog.

Decision-Making Model


Action:
Evaluation:
Decision:
Consequences:
+ —
Information:
Alternative:
Consequences:
+ —
Information:
Alternatives:
Consequences:
+ —
Information:
Alternative:
Problem:

LESSON OBJECTIVES

I.B-16. Identify self-esteem and personal skills as factors in making decisions about behaviors.

III.A-2. Identify and practice personal safety and good health habits.

ASSESSMENT CRITERION

List and assess healthy and unhealthy behaviors.

ACTIVITIES & STRATEGIES

Discuss behaviors, healthy and unhealthy, that affects personal health. Discuss who and what influences these behaviors. Include:
- family
- school
- media
- friends
- role models
- health professionals
- teachers
- religious beliefs

List personal skills that would enhance behavior in healthy ways. Include:
- communication skills
- goal orientation
- peer refusal and reversal skills
- accessing information

As a group, in pairs or individually, ask the students to complete the worksheet, "Healthy or Unhealthy?" Ask for volunteers to tell a few of their answers. (Encourage the students to note that behaviors that enhance self-esteem are healthy.)

In conclusion, ask the students to complete this sentence: "Two healthy behaviors that are important to me personally are..."

Ask the students to take the statement home and ask an adult to respond to the same sentence. During the next class, students can report on their statements.

RESOURCES & MATERIALS

Worksheet: "Healthy or Unhealthy?"

ESSENTIAL ELEMENT

Science. Life science. Health concepts and skills. The student shall be provided opportunities to discriminate between responsible and irresponsible choices that affect personal health.

NAME______________________________ DATE____________________

HEALTHY OR UNHEALTHY?

______ 1. Saying "No thank you" to the offer of a beer.

______ 2. Ignoring a No Trespassing sign.

______ 3. Calmly discussing a disagreement about a curfew with parents.

______ 4. Helping a younger brother or sister with homework.

______ 5. Buying a piece of fruit for a snack.

______ 6. Watching television past bedtime on a school night.

______ 7. Ignoring labels on packaged foods you eat.

______ 8. Checking out the local gang scene.

______ 9. Going to the nurse to check on a skin rash.

______ 10. Helping a student on crutches with the door.

______ 11. Skating or biking during free time.

______ 12. Teasing the student who works hard to make good grades.

______ 13. Trying to look like an admired actor/actress.

______ 14. Experimenting with a new haircut.

______ 15. Trying out for the soccer team.

______ 16. Looking for a volunteer job for vacation time.

______ 17. Making an appointment for a dental check-up.

______ 18. Limiting friendships to one or two people.

______ 19. Ignoring the opportunity to talk to parents about future educational plans.

______ 20. Running around with older kids.

Science Grades 7/8

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.A-6. Research and examine the history of communicable diseases, including HIV/AIDS.

ASSESSMENT CRITERION

Describe viruses as living or nonliving.

ACTIVITIES & STRATEGIES

After students study viruses, ask two volunteers to make cases for viruses being living or nonliving. Ask each to consider the characteristics of viruses and to prepare to justify one or the other classification. A debate may be planned as part of this activity. At the conclusion, remind students that even scientists do not agree upon this. It is not easy to classify viruses.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Science. Life science. Experiences in oral and written communication of data in appropriate form. The student shall be provided opportunities to describe the essential life activities carried on by living cells.

LESSON OBJECTIVE

I.A-6. Research and examine the history of communicable diseases, including HIV/AIDS.

ASSESSMENT CRITERION

Research specific viral diseases, including HIV.

ACTIVITIES & STRATEGIES

After students study basic information about viruses, ask them, as a class, to generate a list of human diseases caused by viruses. Ask for student volunteers to research specific viral diseases and to prepare to report to the class, giving symptoms, availability of vaccines, transmission, and period of contagion, if applicable. Encouraging several students, rather than one, to focus on HIV may be wise. Ask students to give concise verbal reports to the class.

Viral diseases that affect humans are polio, colds, mumps, influenza, chicken pox, measles, cold sores, mononucleosis, warts, hepatitis, herpes, AIDS, certain cancers, etc. Many viruses are named by the human diseases or conditions they cause.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Science. Life science. Experience in oral and written communications of data in appropriate form. The student shall be provided opportunities to describe the essential life activities carried on by living cells.

LESSON OBJECTIVE

I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.

ASSESSMENT CRITERION

Recite five different communicable diseases and their modes of transmission and prevention strategies.

ACTIVITIES & STRATEGIES

To assemble the game to be played during this lesson, see "Notes to the teacher."

Place labeled cards, number side up, on a game board or on a table top in view of all students.

Divide the class into groups of five or six.

Give the teams five minutes to review the notes on communicable diseases and modes of transmission.

Explain to the students that they will be playing a matching game similar to the game Concentration. The first player selects a card by calling a number. The card is turned over and then the player must find the card with the corresponding or matching information on it. Example: Common Cold (the disease) — Airborne (the mode of transmission)

Each team should select the order in which team members play. Each player can consult with teammates if necessary.

When the game is over, review each disease and mode of transmission. Remember to point out that some diseases such as HIV, gonorrhea, and syphilis can be transmitted from an infected mother to her fetus or newborn. This is included in blood-borne but is also described as perinatal transmission.

Have the students offer information on how to prevent the spread of diseases identified in this activity.

RESOURCES & MATERIALS

Notes to the teacher:

Preparation:
Game cards can be prepared in advance or the students can help make them as part of the classroom activity.

This activity is modeled on the card game, Concentration. On 10 index cards write each of the communicable diseases listed below. Then on 10 other cards write the modes of transmission that match each of the diseases. If you choose to have a larger number of cards for the students to select from, make a double set of disease title cards and transmission title cards.

Diseases: HIV, Herpes Simplex I, Common Cold, Flu, Gonorrhea, Hepatitis B, Measles, Head Lice, Tuberculosis, Syphilis

Modes of Transmission: sexual and blood-borne, skin-to-skin, airborne, airborne, sexual and blood-borne, sexual and blood-borne, airborne, skin-to-skin, airborne, and sexual and blood-borne.

On the reverse side of cards, number from 1 to 20 or 1 to 40 depending on the number of cards you have.

The game board can be created from a large poster board divided into sections the size and shape of 3 x 5 index cards. Cards can be placed number side up, on each individual square.

ESSENTIAL ELEMENT

Life science. Health concepts and skills. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

LESSON OBJECTIVE

I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.

ASSESSMENT CRITERION

Identify the ways HIV is transmitted and not transmitted.

Science Grades 7/8

7/8

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Discuss with the students how ignorance about HIV/AIDS can lead to certain feelings and behaviors.

Locate a very soft object that can be thrown back and forth between teams and at the opposing team players (e.g., sponge ball or bean bags, soft rags).

Before starting, have students brainstorm prevention procedures. Make a complete list for HIV and a list for other viruses. Give students one minute to study the list. Then cover the list with paper. Now you are ready to start the game. Toss a coin to see which team goes first.

Play a game similar to dodge ball where one team tries to tag another team player with the ball.

When a player is tagged, he or she is to try and come up with a communicable disease prevention strategy within five seconds. If he or she answers correctly, their team achieves a point.

If the team member who throws the object tags someone, he or she yells out either "HIV" or "any other virus." The tagged team member must say an appropriate prevention procedure for the disease called out.

Draw a line across the floor. Move furniture away. Set boundaries for each team to run within.

Conclude with a review of ways that HIV can be spread:
- through sexual intercourse
- by the sharing of injectable drug needles or syringes
- from infected mothers to infants before or during birth
- through any activity that passes infected blood from one person to the bloodstream of an uninfected person.

RESOURCES & MATERIALS

Soft object, coin

Communicable disease control for common viruses (e.g., cold, flu, cold sores, chicken pox, hepatitis, measles):
- cover mouth for sneezing, coughing
- wash hands after using toilet, shaking hands with a sick person and playing with common toys
- don't share towels, toothbrushes, eating utensils, razors
- vaccine, if available

HIV prevention:
- abstain from sexual intercourse
- abstain from using intravenous drugs
- abstain from using needles or other sharp instruments that may be unsterile
- avoid blood-to-blood contact

ESSENTIAL ELEMENT

Life science. Health concepts and skills. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable diseases, including sexually transmitted diseases.

Science **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.

ASSESSMENT CRITERION

Describe viruses in general and HIV specifically; identify methods of HIV transmission.

ACTIVITIES & STRATEGIES

Write on the chalkboard: Viruses are not truly alive. They do not belong to any of the classification kingdoms.

Ask the students to define and describe viruses, using textbooks and other printed materials. Important facts to include:

- a virus is a small piece of DNA or RNA surrounded by protein
- a virus can be a parasite in a living cell
- when not in a cell, a virus is a dead chemical substance
- viruses are attracted to specific cells
- once in the cell, the virus causes the cell to produce more virus particles
- once the cell is loaded with virus particles, it breaks open and releases the particles
- viruses cause some cells to die and therefore not function as they should
- viruses cause diseases in everything from bacteria to people
- flu, measles, mumps, and HIV/AIDS are caused by viruses

Ask why the statement written on the chalkboard is true.

Tell students that medical science has discovered no drugs to control viruses. A virus causing a serious condition is the human immunodeficiency virus (HIV). The deadly condition is AIDS (acquired immune deficiency syndrome).

Show an approved audiovisual on HIV/AIDS. A recommended video is "The Medical Facts" video that accompanies the *ESR III* Training Manual. Ask students to note specifically how HIV is transmitted as they view the audiovisual. Discuss methods of transmission after viewing. Also, emphasize that HIV/AIDS is not transmitted via *casual contact*. Transmission means should include:

- through sexual intercourse with infected person
- through blood exchange with infected person
- to an unborn child or newborn via pregnancy, birth, or nursing by an infected mother.

Option:
Speculate about the origin of viruses.

RESOURCES & MATERIALS

Chalkboard

ESSENTIAL ELEMENT

Life science. Use of classification skills in ordering and sequencing data. The student shall be provided opportunities to classify plants and animals according to similarities, differences, and uses.

LESSON OBJECTIVE

III.A-6. Identify valid reasons to practice abstinence.

Science **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

ASSESSMENT CRITERION

Identify abstinence from sexual intercourse as the only certain means for prevention of HIV infection through sexual intercourse.

ACTIVITIES & STRATEGIES

Discuss the role of making decisions and the influences or pressures persons may experience while making these decisions.

Ask students to suggest what percentage of 16-year old teenagers are having sexual intercourse. Obtain several suggestions. Inform them that research shows about 50 percent of teens in the U.S. are having sexual intercourse. Point out that this means at least half of all teenagers have chosen to remain abstinent. It is important to note that teens who have been sexually active can return to being abstinent. "It is okay to say no to sex at any time in our lives when we don't believe it is in our best interest. Every time is a new decision."

Discuss why one might think that more teens are sexually active:
- false bragging; not macho to admit abstinence
- media influence

Discuss effect of believing that most of their peers are sexually active:
- embarrassed to admit abstinence
- feel insecure about self and relationships with others in social settings
- increases pressure to have sex
- don't want to be different; "What's wrong with you?"

Elicit from students the advantages of abstinence. List them on a chalkboard or overhead transparency. As a class, compare the students' responses with the list on the transparency. Next, ask the class to participate in a role-play activity. Divide the class into groups of five or six. Have groups write brief scenarios in which a student is pressured to do something that conflicts with personal and family values.

Have groups practice their scenarios and then act them out for the class. Stress the fact to the students that healthy skills need to be learned and practiced before healthy behavior can be developed and maintained.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Teacher Resource: "Advantages of Premarital Abstinence"

Option:
Scenarios are effective HIV/AIDS education strategies for peer education and parent education.

ESSENTIAL ELEMENT

Life science. Health concepts and skills. The student shall be provided opportunities to discriminate between responsible and irresponsible choices that affect personal health.

ADVANTAGES OF PREMARITAL ABSTINENCE

- Free from pregnancy, STDs, and HIV infection
- Free from the bother and dangers of the pill, IUD, and other contraceptives
- Free from the pressure to marry before you are ready
- Free from legal pressures—i.e., establishment of paternity and child support
- Free from the trauma of possibly having to put your baby up for adoption
- Free from exploitation by others
- Free from guilt, doubt, disappointment, worry, and/or rejection
- Free to be in control of your life
- Free from disappointing your family
- Free to experience fuller communication in dating relationships
- Free to focus energy on establishing and realizing life goals
- Free to develop an unselfish sensitivity
- Free to have greater trust in marriage
- Free from guilty feelings when a relationship ends
- Free to enjoy being a teenager

LESSON OBJECTIVES

I.B-10. Describe methods of transmission of communicable diseases and HIV infection.
III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

State the ways HIV is transmitted and not transmitted. Practice sharing reliable information with peers.

Science **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

The teacher will need to help coordinate this project. The purpose is to develop a set of posters to help students throughout the school learn facts about HIV transmission.

Divide the class into small groups of four to six students. Begin by discussing the most important facts for students to know about HIV and how it is transmitted. Choose a leader for each group to keep notes. Make a plan to develop a poster that is attractive and effective. Different persons in the group should be assigned to work on illustrating the poster with drawings or three-dimensional objects.

Arrange the posters in an attractive way for a major display in the hallway, library, or location specified by the teacher. These posters would also be effective displayed in the school board meeting room or the district's main administrative offices.

Teacher: See health activities which include transparencies and teacher resource to review methods of transmission.

RESOURCES & MATERIALS

Poster board, markers

Teacher Tip

Secure permission and wall space from building administrator before beginning this activity. Also, discuss poster plans with each group to ensure that posters are appropriate for school display.

ESSENTIAL ELEMENT

Life science. Health concepts and skills. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

LESSON OBJECTIVES

- I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.
- I.B-11. Describe the methods of preventing, treating, and controlling diseases.

ASSESSMENT CRITERION

Distinguish among stages of HIV infection and transmission of HIV infection.

ACTIVITIES & STRATEGIES

Introduce the lesson by leading a discussion on adolescent perception of risk for HIV infection. Place Transparency A on an overhead projector. (See Teacher Resources for facts to be discussed with transparencies.)

Define HIV and explain its effects on the body, putting Transparency B, "What Is HIV?", on the overhead.

Discuss transmission, using Transparency C, "How Does a Person Get HIV?"

Ask for questions from the class. Clarify any misinformation.

Using a question box, ask students to write down any questions they have concerning material covered in the lesson. Give and retrieve a slip of paper from each student even if the student has not written a question.

Group questions in similar categories. Answer each question, clarifying any slang terms and misinformation. Review Guidelines for Class Discussion and Ground Rules in upfront teacher materials.

Leave the question box in place for several days. Examine further questions and group them before answering.

RESOURCES & MATERIALS

Transparencies A, B, C

Question box (labeled "HIV Questions")

Teacher Resources: A-1, B-1, C-1

ESSENTIAL ELEMENT

Life science. Health-related concepts and skills. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

Why do teens need to know about HIV infection when most people who have it are adults?

Up to now, most teenagers have not felt very concerned about the HIV disease. They haven't worried that it might possibly affect them or their friends. Physicians haven't been particularly worried about teenagers, either. That view has changed. Although the number of adolescents with AIDS is very small, many doctors, including former surgeon General Koop, now consider teens a population "at risk" for the disease. Even though most people with HIV are adults, many were infected with the virus when they were teens.

It's extremely important that you have all the facts — the very best information about HIV and AIDS. There are lots of rumors going around, and you must be able to tell fact from fiction. Your knowledge will be your protection against exposure to the disease.

AIDS is different from most other diseases. It is passed when people participate in certain behaviors. That means that people have to participate in certain kinds of activities to allow the disease to enter their bodies. You need to know which behaviors can transmit HIV and which cannot. Then you will know exactly how to avoid exposure to HIV.

And you'll have to do that because there is no cure for AIDS. Once a person is infected with HIV, it will be in their bodies as long as they live. There is no way that they can get rid of it. These persons may pass it to others without knowing about it. There is no cure for people who are ill.

We can't vaccinate you against HIV/AIDS, either. Most of you had shots when you were young, which protect you against polio, measles, and mumps. Unfortunately, there is no medication to protect us from HIV. Scientists around the world are working toward a cure and a vaccine, but nothing appears likely in the next few years. The facts of AIDS is something we all have to live with.

AIDS is not curable, but it is entirely preventable. That's what we're going to talk about: what behaviors can cause AIDS and which behaviors are safe. Afterward, I'd like to hear any questions that people still have. Or, if you prefer, put your questions in the question box.

What is HIV?

What is AIDS?

HIV is caused by a virus, a tiny germ that enters the body through the blood stream. It has to get into the blood to cause infection. Once inside the body, this virus, called HIV (Human Immunodeficiency Virus), begins to attack the immune system, the system responsible for fighting off all germs, all diseases. The virus invades a white blood cell, which is the leader and organizer of the immune system. Inside the white cell, the virus multiplies and multiplies until the cell finally bursts open, releasing more virus into the blood stream. These viruses look for more white blood cells to invade.

Over time, the number of white blood cells decreases, and the immune system can no longer function properly. The infected person becomes vulnerable to many kinds of germs that enter their body. He or she cannot fight back against infection and disease.

People's bodies respond differently once they are infected with the virus, and we don't know for sure why this is so. Most people look and feel perfectly healthy and may not know they are infected with the virus. The virus lies dormant in their cells, as if it were in a sleeping state, and their immune systems continue to work normally. We could not tell by looking at them that they have HIV in their bodies. They will carry the virus for as long as they live, and as long as they live, they will be able to pass the virus to other people through specific behaviors which we're going to talk about. (These people are called carriers.)

In other people, the virus does serious damage to their immune system. Some develop what we call full-blown AIDS. A patient must have a specific type of illness to be diagnosed with full-blown AIDS. Most have either a particular kind of pneumonia or a kind of cancer that causes bleeding inside the body and under the skin. People generally live only about two to 10 years after they receive a diagnosis of full-blown AIDS.

In between the carriers and those with full-blown AIDS are a lot of people who have a variety of symptoms. Some of these people may be very ill, while others seem relatively healthy. These symptoms can be similar to those we may get when we have the flu, but they last a much longer time and are more severe. People may have fever, cough, diarrhea, yeast infections, sudden weight loss, or night sweats. If someone has these symptoms for more than two weeks, and the doctor doesn't feel they are part of another illness, he or she will probably test for HIV.

These people in the middle have an uncertain future. Some may become so ill that they die without ever being diagnosed with full-blown AIDS. Others may be sick for awhile and then feel better. They may be able to return to work and resume their normal activities. But they won't know when the virus might begin to do more damage.

How does a person get HIV?

How Does a Person Get HIV?

HIV is a very hard disease to catch. It can only be transmitted from an infected person to another person when they exchange certain body fluids. Three body fluids are known to have a strong enough concentration of the virus to pass it from one person to another. One of these fluids is blood; the other two are sexual fluids: semen from a man and vaginal fluid from a woman. One of these infected fluids would have to enter a person's body and then get into the bloodstream to cause infection. There aren't many ways that this can happen. In fact, there are basically only two behaviors that pass the virus. These are called risk behaviors because they can cause great harm—in this case, HIV.

The first is the use of HIV contaminated needles or other instruments such as razors. One very high-risk behavior is shooting injectable drugs. When people inject drugs, they often do it with a few other people. When the person puts the drug into his or her vein with a needle, she or he also pulls some of the blood up into the syringe. As the needle is passed from one person to the next, each may be shooting infected blood directly into his or her own blood stream. There may be blood left in the drug paraphernalia.

If HIV contaminated blood is left on other needles (such as used for tattooing or ear piercing) and on razors, the HIV virus could also be transmitted to the user. Sterilized needles used in health procedures by doctors, nurses, dentists, and other health professionals.

There is another way people transmit HIV. If a mother is infected (and remember, she may not know that she is) she can pass it to her baby during pregnancy, birth, or breast feeding. The number of babies born with HIV is growing daily. (You may wish to recite statistics.) Often parents are unable to care for these infants, so many babies live in hospitals. It is crucial for women who are thinking of becoming pregnant to be certain they are healthy first.

HIV can also be transmitted by semen and vaginal fluid. They are shared when two people have sexual intercourse; so, if one person is infected, the other can become infected. The virus can be passed during vaginal sexual intercourse. This is sex between a man and a woman, when the man puts his penis into a woman's vagina. The virus can pass from a man to a woman or a woman to a man.

The virus can also be passed during anal sex. It can be sexual intercourse between a man and a woman or between two men. It is when a man puts his penis into another person's anus. Note: Some adolescents are engaging in anal intercourse as pregnancy prevention.

Oral sex is also considered a risk. If a person takes infected semen or vaginal fluid into his or her mouth, it could be possible that this fluid might enter his or her blood stream through a tiny cut in the mucous membrane, the lining of the mouth.

Using contaminated needles or having sexual intercourse with an infected partner are both risky behaviors. It should be clear now why people are worried about teenagers and AIDS. Although many teens are not experimenting with drugs or sexual intercourse, some are. People must make healthy decisions and be responsible for their own behaviors.

Some people have contracted the virus during blood transfusions. Before 1985, there was no test to screen blood to make sure it was safe. Since 1985, there has been a test in the United States, so the chance of receiving infected blood today is very, very small. There is also no chance of getting HIV when *giving* blood. This procedure is always done with a clean, new needle.

Some health professionals have also been HIV-infected during medical procedures and/or have infected patients in that way. These HIV infections involved HIV-infected blood getting into the blood stream of an uninfected person. This is why a dentist, nurse, doctor, and others wears gloves when there is a possible blood contact.

LESSON OBJECTIVES

III.A-7. Access and critique information on communicable diseases, including HIV/AIDS.
III.D-3. Identify and share reliable information and appropriate assistance.

ASSESSMENT CRITERION

Elicit evidence and understanding of HIV and STD prevention and risk reduction.

Science Grades 7/8

7/8

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Review information on STDs, including HIV, used in earlier lessons. Discuss how HIV compares to other STDs in terms of transmission, prevention, and treatment. After the students have completed the worksheet, "Preventing the Spread of STDs," ask them to compare the list to those established by the U.S. Public Health Service.

Each person is in charge of protecting himself or herself from HIV and STDs. One can choose behaviors that eliminate the risk of transmission of HIV and STDs and behaviors that reduce the risk of transmission of HIV and STDs. If a friend asked for help, what would you tell him or her? Prepare by filling out the worksheet, "Preventing the Spread of HIV."

Using two panels of students, one representing HIV and the other STDs, ask panel members to compare transmission, prevention, and treatment. In what ways are they alike and different?

RESOURCES & MATERIALS

Worksheets: "Preventing the Spread of HIV" and "Preventing the Spread of STDs"

Teacher Resource

ESSENTIAL ELEMENT

Life science. Health concepts and skills. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable disease, including sexually transmitted diseases.

Description of Sexually Transmitted Diseases

AIDS

AIDS is the result of the breakdown of the immune system caused by a virus commonly called HIV (human immunodeficiency virus). As a result of a weakened immune system, the body is vulnerable to a variety of opportunistic infections and cancers. Death is usually a result of these infections. No cure is known for HIV/AIDS. Medical care is limited to treating the symptoms.

The virus can be transmitted to people through semen, blood, or vaginal fluids. This can happen during sexual intercourse, sharing unsterile needles, or from mother to child during pregnancy. HIV can be prevented by abstaining from injectable drug use and sexual activity. If sexually active, the risk for getting HIV can be reduced by having only one partner who is monogamous, and by using contraceptive jelly with the special chemical nonoxynol-9.

Chlamydia

Chlamydia is a sexually transmitted disease caused by bacteria. The common symptoms of chlamydia include an abnormal discharge from the penis or vagina, a burning sensation when urinating, and for women, bleeding between periods. It is also possible to have no symptoms. The bacteria can be passed from person to person during sexual contact, and babies may get it from their mothers during birth. Some of the effects of chlamydia are severe damage to the reproductive organs, infertility in women, and sterility in men. Chlamydia can be treated with antibiotics. It can be prevented by abstaining from sexual activity, or, if sexually active, by knowing your partner does not have the bacteria, and by using condoms with foam or contraceptive jelly.

Genital Warts

Genital warts are a sexually transmitted disease caused by a virus. The common symptoms are small, bumpy warts on the sex organs or anus. It is possible to have no symptoms. They are transmitted through skin-to-skin contact with genital warts. The virus can be passed from mother to baby during birth and cause breathing problems in the newborn. Genital warts can grow larger, spread to more areas and become more serious. They can be treated with chemicals or removed by burning, freezing, lasers, or minor surgery. They can be prevented by abstaining from sexual activity (not having sexual intercourse) or, if sexually active, by knowing your partner does not have the virus. Washing exposed areas with soap and water before and after contact will also help prevent exposure.

Gonorrhea

Gonorrhea is a sexually transmitted disease caused by bacteria. The common symptoms may include abnormal discharge (mucus and pus) from penis or vagina, a burning sensation when urinating, and in women, abdominal pains. Some men and most women may have no outer symptoms. The bacteria can be transmitted from person to person through sexual contact. Babies can get it from their mothers at birth. Some of the effects of gonorrhea are severe damage to the reproductive organs, sterility, heart trouble, skin disease, and arthritis. Gonorrhea can be treated with antibiotics. It can be prevented by abstaining from sexual activity or, if sexually active, by knowing your partner does not have the bacteria, washing exposed areas before and after contact, and using condoms and contraceptive foam or jelly.

Hepatitis B

Hepatitis B is an infection of the liver caused by a virus present in blood and other body fluids of infected persons. It can be sexually transmitted but can also be transmitted via contaminated needles, syringes, blood, and blood products. Fewer than 50 percent of infected persons show symptoms of illness. Symptoms include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite, and abdominal pain. Urine turns dark and/or skin becomes yellow in some patients. Symptoms may appear six weeks to six months after infection. Death is uncommon, but 5-10 percent become long-time virus carriers. Up to 25 percent may develop serious chronic liver disease.

Genital Herpes Simplex
Herpes is a sexually transmitted disease caused by a virus. Herpes can infect any exposed mucous membrane. It can cause blisters around the mouth, the eyes, and the sex organs. Common symptoms include small, painful blisters — usually on the sex organs — and a flu-like feeling. Some people have no symptoms. Herpes is transmitted during sexual contact or by direct contact with a herpes sore. Babies can get it from their mothers during birth. The effects include mild to severe attacks of painful sores. There is no known cure for herpes, but there are some drugs used to reduce symptoms. It can be prevented by avoiding contact with any herpes sore, abstaining from sexual contact, or using condoms and contraceptive foam or jelly.

Pubic Lice
Pubic lice are a sexually transmitted disease cause by parasites (tiny insects or protozoa) that live in pubic hair, armpits, or eyebrows. Common symptoms include itching or the appearance of lice in the hair around the sex organs, armpits, or eyebrows and pin-sized blood spots on underwear. They can be transmitted through close physical contact with someone who has pubic lice or by using the same clothing or bedding as someone who has them. The effects include itching and discomfort that get worse if not treated. Pubic lice can be treated with special lotions; shampoos, and to prevent reinfection, all clothing and bedding must be washed in hot water. They can be prevented by avoiding contact with someone who has lice or by avoiding the clothing, towels, and bedding of that person.

Syphilis
Syphilis is a sexually transmitted disease caused by bacteria. The common symptoms in the first stage are painless, reddish brown sores on the opening of the sex organs and possible swollen glands. In the second stage, after six weeks, a rash may appear on the body and flu-like symptoms may occur. Syphilis is transmitted through sexual contact. Babies can get it from their mothers during pregnancy. Some effects for the mother and child are heart disease, brain damage, blindness, and death. Syphilis can be treated with antibiotics. It can be prevented by abstaining from sexual activity or, if sexually active, by knowing your partner does not have the bacteria, washing the sex organs before and after sexual contact, and using condoms and contraceptive foam or jelly.

NGU (nongonococcal urethritis)
NGU is a sexually transmitted disease cause by bacteria. Some common symptoms in men include an abnormal discharge but usually show no symptoms. NGU is transmitted through sexual contact. Babies can get it from their mothers during birth. Effects include a more serious infection of the reproductive organs, infertility in women, and sterility in men. NGU can be treated with antibiotics. It can be prevented by abstaining from sexual activity or, if sexually active, by knowing your partner does not have the bacteria, washing the sex organs before and after contact, and using condoms and contraceptive foam or jelly.

Note: Young women are prone to suffer PID (pelvic inflammatory disease) due to an STD, mostly gonorrhea and chlamydia. PID can cause the fallopian tubes to become diseased, with an increase in ectopic (tubal) pregnancies. This pelvic infection is chronic and can cause pain and sterility in both women and men.

Also important: Persons with one STD are at high risk for other STDs. A person may have several STDs at one time. STDs can be transmitted via sexual assault or rape.

NAME________________________________ DATE____________________

Preventing the Spread of HIV

List five things you can do.	List sources of information and support.
1.	
2.	
3.	
4.	
5.	

NAME____________________________________ **DATE**______________________

Preventing the Spread of STDs

List five things you can do.	**List sources of information and support.**
1.	
2.	
3.	
4.	
5.	

LESSON OBJECTIVES

I.B-18. Describe symptoms of HIV infection and AIDS; identify testing procedures.
II.A-7. Explain and analyze differences between HIV infection and AIDS.

ASSESSMENT CRITERION

Identify and investigate the stages of the HIV disease continuum.

Science **Grades 7/8**

7/8

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Pass out the worksheet, "Symptoms: True or False Quiz." After the students have completed the worksheet, review the answers.

Next, display the transparency, "Symptoms Clue Sheet" on an overhead projector (cover Clue Ideas column). Ask for five students to volunteer to leave the room. Remove the cover from Clue Ideas and review with the remaining class.

Have the five volunteers return to class and sit in chairs that have been identified one through five. Volunteers should not be able to see the numbers nor the Clue Ideas. Ask each volunteer to take a seat facing away from the board. Write one of five conditions above each head.

Explain that the class will address the volunteers with Clue Ideas until the volunteers can guess their condition.

RESOURCES & MATERIALS

Worksheet: "Symptoms: True or False Quiz"
Teacher Resource: HIV-Related Condition Labels"

Transparency: "Symptoms Clue Sheet"

Overhead projector and transparency

Symptoms Key

1.	**False**	**6.**	**False**
2.	**True**	**7.**	**True**
3.	**True**	**8.**	**False**
4.	**True**	**9.**	**True**
5.	**False**	**10.**	**False**

ESSENTIAL ELEMENT

Life science. Health-related concepts and skills. The student shall be provided opportunities to investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

NAME______________________________ DATE____________________

Symptoms: True or False Quiz

Read each sentence below and fill in the blanks with either TRUE or FALSE.

______ 1. People who exercise daily never get HIV.

______ 2. Some persons don't even know that they have been infected with HIV.

______ 3. If a person never engages in risky behaviors he or she won't get HIV.

______ 4. Purple spots on the skin and white sores in the mouth can be symptoms of HIV.

______ 5. If you eat well you can't get HIV.

______ 6. Knowing your health history is one way to understand if you have any risk of HIV.

______ 7. A special blood test can tell if you've been infected with HIV.

______ 8. If you have swollen glands and a fever you probably have been infected with HIV.

______ 9. Some people infected with HIV are still good athletes.

______ 10. If you maintain a normal weight you haven't been infected with HIV.

HIV-Related Condition Labels

1. HEALTHY WITHOUT HIV INFECTION

2. SICK WITHOUT HIV INFECTION

3. HEALTHY BUT INFECTED WITH HIV

4. HIV DISEASE SYMPTOMATIC

5. AIDS

Symptoms Clue Chart

CONDITIONS	SYMPTOMS	CLUE IDEAS
HEALTHY WITHOUT HIV INFECTION	PHYSICALLY FIT, ACTIVE, GOOD DIET, REGULAR EXERCISE, MAINTAINS WEIGHT, NEVER GETS SICK	"MIKE, IT'S GREAT THAT YOU'RE SO GOOD AT SO MANY DIFFERENT SPORTS."
HEALTHY BUT INFECTED WITH HIV	PHYSICALLY FIT, ACTIVE, GOOD DIET, REGULAR EXERCISE, MAINTAINS WEIGHT, NEVER GETS SICK	"HEY, SUE. HOW CAN YOU SWIM SO MANY LAPS LIKE THAT DAY AFTER DAY?"
SICK WITHOUT HIV INFECTION	FATIGUE, FEVER, CHILLS, WEIGHT LOSS, SWOLLEN GLANDS, DIARRHEA	"YOU'VE SURE MISSED A LOT OF SCHOOL LATELY. HAS THAT COLD GOTTEN ANY BETTER?"
HIV DISEASE	FATIGUE, FEVER, CHILLS, WEIGHT LOSS, SWOLLEN GLANDS, CONSTANT DIARRHEA, WHITE SPOTS IN MOUTH	"IT'S GOOD TO SEE YOU BACK IN SCHOOL. HAVE YOU FINALLY GOTTEN OVER YOUR FEVER?"
AIDS	FATIGUE, FEVER, CHILLS, WEIGHT LOSS, SWOLLEN GLANDS, CONSTANT DIARRHEA, WHITE SPOTS IN MOUTH, PURPLE SORES ON SKIN, PNEUMONIA (PCP)	"I'M SORRY TO HEAR YOU'VE PNEUMONIA AGAIN, SAM."

Social Studies Grades 7/8

7/8

TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-7. Develop effective communication skills including listening, reading, writing, and speaking.

ASSESSMENT CRITERION

Review and critique advertisements that suggest risky health behavior.

ACTIVITIES & STRATEGIES

Divide the class into small groups of five or six students. Distribute four or five ads to each group.

Assign each group a:
- recorder — writes down the ad generated by the group
- reporter — reads the new ad to the large group
- facilitator — keeps the group on task
- utility person — gets supplies and keeps time

Tell group members that they are creative consultants for a top ad agency. Their job is to select one ad and to:
- identify how it illustrates risk reduction elimination
- rewrite the message to reflect risk reduction

Give several examples; e. g., a smoking advertisement caption might be changed to "Smoking gives you bad breath and damages your lungs." Remind the students that some advertising gives permission to engage in risky behavior; some advertising makes risky behavior desirable, exciting, adult, and romantic.

Tell the students to review and critique each ad using this method:
- Describe what is actually there.
- Analyze how it was composed.
- Interpret what the ad meant to convey.
- Judge if the message is acceptable.

Ask the students how increasing their awareness about advertising messages might influence their own behavior.

Using the transparency, review the key points concerning advertisements.

Ask each group to create an original ad that promotes a positive health image.

RESOURCES & MATERIALS

Current magazine and newspaper ads
Felt tip pens

Transparency

ESSENTIAL ELEMENT

Social studies. Application of social studies skills. The student shall be provided opportunities to locate and gather information, observe for detail, translate information from one medium to another, analyze information, and draw inferences.

Key points:

- Media messages may promote positive health behavior.
- Media messages may model risky health behavior.
- Everyone can resist negative media influences by creating more realistic messages about risky behavior and by understanding why the messages are being used.

LESSON OBJECTIVES

II.A-6. Examine and predict the consequences of risky behaviors.
III.A-4. Avoid/minimize behaviors that may lead to disease, illness, and injury.

ASSESSMENT CRITERION

Evaluate behaviors that may involve risk.

Social Studies Grades 7/8

7/8

TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Discuss the term *risk* with the entire class. Discuss with the students different risks they have taken. Ask and discuss the questions, "Are all risks negative?" "What are some risks that will help you mature?"

At the four corners of the room post paper signs: "always," "never," "sometimes," and "neutral."

As the teacher or student volunteer reads one of the suggested behaviors, ask each student to go to the corner where the sign best describes how often they have engaged in that behavior. Students can brainstorm additional behaviors to add. (Students should always have the right to pass and stay in the neutral corner.)

After each behavior is mentioned, have students ask themselves, "Is this a risk?" Discuss how risky they perceive the behavior to be and what are the risks involved. Would they be upset if a younger brother or sister took the same risk? Why? Why not?

Divide into small groups for further discussion. The goal of each group is to identify today's teenagers' perception of risk. One person can be the spokesperson and report to the class.

Option:
Ask the students to discuss why particular behaviors create high risks for HIV transmission.

RESOURCES & MATERIALS

Poster paper or butcher paper, markers

Suggested behaviors to read:
- wear a seat belt; wear a bike or motorcycle helmet
- jaywalk; cross against a pedestrian *don't walk* sign
- cheat on a test
- buy a lottery ticket
- tell a friend I'm angry with him or her
- hitchhike
- cut class
- run away from home
- ask a new student to walk to class
- call a classmate to get an assignment
- ask a store clerk for assistance
- volunteer to help a substitute teacher
- assist a person in a wheelchair
- try out for a sports team
- run for class office
- get a radical, new haircut

Teacher Tip

It is important for the teacher to be an active participant in this activity.

ESSENTIAL ELEMENT

Social studies. Respect for self and others. The students shall be provided opportunities to recognize that individuals must accept the consequences of their decisions.

LESSON OBJECTIVE

I.B-12. Explain the critical importance of preventing HIV infection.

ASSESSMENT CRITERION

Identify the modes of HIV transmission and of HIV/AIDS prevention.

ACTIVITIES & STRATEGIES

Review the basic HIV facts or background HIV/AIDS information. Decide whether a video or a lecture will be used to present the basic HIV information. Refer to the teacher resource, "Key Points of an HIV/AIDS Lesson."

A sample lecture is included (see Teacher Resource). You may choose to use this lecture, adapt it, or develop your own.

Distribute the worksheet, "HIV/AIDS Review." Explain to the students that they will complete the worksheet as they view or listen. (This does not have to be graded. Students give better answers if they do not have to grade their own papers.)

Review the information presented by discussing the handout.

Brainstorm:
How would you summarize what is known about HIV and AIDS?

Conclusion: Write on the chalkboard and discuss the following sentence: "It's not who you are but what you do."

Option:
For additional review and evaluation, use the worksheet, "HIV Magic Square."

RESOURCES & MATERIALS

Worksheet, "HIV/AIDS Review"
Teacher Resource: "Key Points of an HIV/AIDS Lesson"

Chalkboard

Teacher Tip

Go through the lecture before hand and underline points you want to emphasize.

Teacher Resource: "Sample Lecture"

Worksheet, "HIV Magic Square"

Key:

A 16	B 3	C 2	D 13
E 5	F 10	G 11	H 8
I 9	J 6	K 7	L 12
M 4	N 15	O 14	P 1

ESSENTIAL ELEMENT

Social studies. Respect for self and others. The student shall be provided opportunities to recognize that individuals must accept the consequences of their decisions.

NAME________________________________ DATE____________________

HIV/AIDS Review

1. The body system that protects from disease is the ______________________________ .

2. What do the letters A I D S stand for?

3. What do the letters HIV stand for?

4. What is the difference between AIDS and HIV?

5. AIDS is caused by a ______________ called ____________________________ virus.

6. If you acquire HIV, your immune system can become weakened or damaged and unable to

   ____________________________________ .

7. List three ways that HIV can be transmitted and three ways that it cannot be transmitted.
   a.
   b.
   c.
   d.
   e.
   f.

8. List two strategies that will protect a person from HIV infection.

9. Explain the relationship between high-risk behaviors and HIV infection.

10. List several factors that can be shared with a friend or family member.

KEY POINTS OF AN HIV/AIDS LESSON

Checklist for a lecture:

- ✔ What is HIV?
- ✔ What is AIDS?
- ✔ What causes AIDS?
- ✔ How is HIV transmitted?
- ✔ How is HIV not transmitted?
- ✔ What is the HIV antibody test?

Suggestions for discussion of a video:

- ✔ What was an important point in the video?
- ✔ What was the most instructive scene in the video?
- ✔ What would your friends or your family say about the video if they saw it?

NAME________________________________ DATE____________________

HIV Magic Square

Directions: Below are 16 items in Column A and 16 definitions in Column B. Find the letter of the item in Column A which best matches the numbered definition in Column B. Then place the number from Column B in the correct box in the magic square. You will know you are correct when each column — across, down and diagonally — adds up to 34.

A	B	C	D
E	F	G	H
I	J	K	L
M	N	O	P

COLUMN A

A. Incubation
B. Kaposi's sarcoma
C. Needle
D. Casual contact
E. Immune
F. Prevention/Eliminate risk
G. HIV
H. Human
I. Blood, semen, vaginal fluids
J. Saliva
K. High-risk behaviors
L. ELISA
M. Risk reduction
N. Virus
O. Opportunistic
P. Syndrome

COLUMN B

1. A cluster of signs and symptoms that occur together.
2. Increases the risk of getting the AIDS virus when shared.
3. A rare type of cancer associated with AIDS.
4. If participating in high-risk sexual activity, use of a barrier method.
5. A body system destroyed by the AIDS virus.
6. No evidence that the AIDS virus is transmitted through this source.
7. Unprotected sexual intercourse and sharing an IV needle or syringe.
8. The AIDS virus host.
9. The AIDS virus' vehicles of transmission.
10. Not participating in sexual intercourse, not sharing needles.
11. The AIDS virus.
12. A screening test for AIDS virus antibodies.
13. Going to school together, living in the same family, working together.
14. A type of disease that can develop when the immune system is not functioning.
15. A microscopic particle that can reproduce only in connection with living cells.
16. Period from initial contact with a virus to the disease state.

Sample Lecture

AIDS is a syndrome (or group of signs and symptoms) that is caused by HIV (human immunodeficiency virus). Viruses are very small germs that cannot live by themselves. They can complete their life cycles only by infecting cells of other living things. The name AIDS stands for some words that give us the basic facts about the disease:

A stands for *acquired,* meaning obtained as opposed to being inherited.

I is for *immuno.* The immune system protects us from certain diseases. We learned, when we studied about white blood cells, that they are a part of the immune system and that the job of the immune system is to protect us from disease.

D is for deficiency, meaning that the immune system is lacking something or is weakened.

S is for *syndrome,* a term that medical people use for a group of symptoms that indicate a person is sick. Thus, if you think of having a bad cold, poison ivy, or some other condition, you can usually think of several symptoms that make up the syndrome of that condition.

AIDS stands for acquired immunodeficiency syndrome. It is caused by a virus that breaks down the body's immune system. The immune system is what helps our bodies fight off disease. If the immune system does not function properly, one can get a number of diseases that do not affect a healthy body. That is what happens to people infected with HIV or human immunodeficiency virus. This virus attacks the immune system, so that over time the immune system is less and less able to fight off disease. Finally, almost all people with AIDS die, usually not from HIV infection directly but from some other disease that HIV has allowed their bodies to contract. Two of these diseases are *Pneumocytis carinii* pneumonia (PCP) and Kaposi's sarcoma, a type of cancer.

HIV is spread in only a few ways. One of the ways is by having sexual intercourse with a person who has the infection. This puts HIV infection into a group of diseases we call *sexually transmitted diseases,* or *STDs,* meaning, of course, that they are passed from one person to another through sexual contact. There are more than 20 different germs that are spread this way, and all of them cause unpleasant diseases. Many of the STDs, however, unlike AIDS, can be treated and cured.

Another way to pass HIV is by using the same intravenous (IV) needle or syringe as an infected person. This would not happen in a hospital, clinic, or doctor's office in the United States, where needles are only used once, then thrown away. However, drug abusers are not careful about needles and syringes. Unsterile tattoo needles or ear-piercing equipment could also spread the virus.

If a pregnant woman is infected with HIV, she can pass the virus on to her unborn baby. An estimated 30%-50% of infected women pass the infection to their newborns. The only way a pregnant woman can keep her unborn baby safe from HIV is to keep safe herself, that is, to prevent getting infected in the first place. Women who are infected with HIV are advised not to get pregnant, because of the risk of passing the virus on to their babies.

A small number of people have gotten HIV from receiving blood transfusions. Since 1985, all blood donations in the United States have been carefully tested for evidence of the virus, and any blood containing the HIV antibody has been destroyed. Because these tests are not perfect, we cannot say that receiving blood is absolutely safe. Receiving blood was never absolutely safe; however, people get blood transfusions when they have serious illnesses, injuries, or operations. Therefore, the benefits of receiving blood outweigh the small risks. Giving blood, by the way, is safe; there is no risk because sterile needles are used.

A small number of health professionals have also contracted or transmitted HIV through health procedures that involve blood to blood contact. This is why health professionals now wear gloves when there is a chance of blood contact.

Sample Lecture, continued

HIV is very fragile; it dies quickly once it is outside the body because it does not live or grow in the environment. You cannot get infected with HIV from casual, everyday contact. That means you cannot get infected from:

- going to school with someone who has AIDS or is infected with HIV
- shaking hands, hugging, or kissing cheeks
- mosquito or other insect bites
- swimming in public pools
- touching doorknobs, phones, toilets, dishes, towels, and so on
- tears, coughs, or sneezes

Do not loose track of the idea that the two main ways a person gets infected with HIV are by having sexual intercourse and by sharing IV needles or syringes with an infected person. Let's say that another way: If you do not engage in any kind of sexual intercourse and if you do not use injectable drugs, you do not need to worry about becoming infected with HIV, no matter where you live, who you know, or what you touch. But if you do engage in sexual intercourse or use injectable drugs or unsterile needles, you can become infected with HIV.

There is no cure for HIV infection right now and not much hope for developing a cure very soon. But HIV infection can be prevented. You can protect yourself by never using IV drugs and by not having sexual intercourse until you are an adult and ready to establish a lifelong mutually monogamous relationship with an uninfected partner. If you do not have sexual intercourse, you will also be protecting yourself from more than 20 other STDs mentioned earlier. There are plenty of other good reasons besides HIV for abstaining from (not having) sexual intercourse at your age and for not using drugs at any age.

Sexual intercourse can be one way of expressing love and affection. Unfortunately, adults may sometimes sound as if they want young people to believe that sexual intercourse is wrong. In fact, most respectable, responsible, and religious adults enjoy sexual intercourse. But — and this is an important but — they enjoy sexual intercourse with the person they are married to and whom they love and are committed to.

A serious adult relationship, especially marriage, means a lot of things. One of them is a commitment to "mutual monogamy." What does this mean? It means that both partners agree not to have sexual intercourse with anyone else. Why do people want to make that commitment? Because they value their relationship and the trust and love they share with each other.

But sex is not the only way that people share their love. There are lots of other ways. Sexual intercourse can cause many problems when you are not ready for it. That's why those of us who really care about you — and we do — want you to wait. All the experts who deal with teenagers' problems strongly recommend that before you have sexual intercourse, you should wait until you are older and are ready to commit yourself to one other person for a long time.

As for drugs, there's an awful lot to be known about different kinds of street drugs, but one thing you probably already know is that one of the most dangerous things you can do is to "shoot up," or inject drugs under your skin or into your veins. It was dangerous to do this before HIV was known, because the injected drugs — usually heroin, cocaine, or speed — are so dangerous. The drugs can cause a user to get addicted (dependent), and there is also a great danger of overdose. What's more, needle users can get other serious and sometimes fatal diseases such as hepatitis B or heart infections. Then there are the dangers inherent in belonging to the "drug culture" itself — we hear about drug-related crimes all the time. People who use injectable drugs must now add "death by HIV" to the list of reasons to stop using drugs.

The use of drugs may alter one's ability to reason and cause a person to make unhealthy decisions. The use of these drugs may also negatively affect one's ability to resist peer pressure and, therefore, lead to activities that would cause exposure to HIV.

I want you to remember one important thing from this lesson. Please listen carefully:
If you are not infected with HIV now, you never have to be. It's up to you.

Adapted from *Preventing AIDS*, Education Development Center, Inc. Newton, Massachusetts

Social Studies Grades 7/8

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-13. Examine the roles of contaminated needles and of blood in the transmission of HIV.

ASSESSMENT CRITERION

Examine personal feelings regarding contemporary legal and ethical issues related to HIV.

ACTIVITIES & STRATEGIES

Begin the lesson by stating that there is no right or wrong way to complete this activity. Tell the students that there is a range of opinions related to HIV prevention efforts and the legal issues surrounding them. Reinforce the ground rules for the classroom discussion. (See Teacher Resource.)

Distribute the worksheet, "Feelings Concerning HIV."

Ask the students to share their responses by creating a continuum of opinions, ranging from strongly agree to strongly disagree. You may label 3" x 5" cards with the terms and post them around the room.

Read each statement aloud. Ask each student to stand next to the card in the room that most closely reflects his or her personal opinion on each statement. Discuss the need to respect individual opinions and beliefs prior to conducting the exercise. Ask students what the following statement means: "Remember what you heard, not who said it."

RESOURCES & MATERIALS

Teacher Resource

Worksheet: "Feelings Concerning HIV"

3" x 5" index cards

ESSENTIAL ELEMENT

Social studies. Respect for self and others. The student shall be provided opportunities to respect beliefs of individuals, groups, and cultures.

NAME______________________________ **DATE**____________________

FEELINGS CONCERNING HIV

Directions: Indicate your opinions to the following statements by placing an "X" in the box which most closely reflects what you believe.

A—strongly agree **B—somewhat agree** **C—neither agree nor disagree**

D—somewhat disagree **E—strongly disagree**

A B C D E 1. Students with HIV infection should be allowed to attend school.

A B C D E 2. Students with HIV infection should be allowed to participate on athletic teams.

A B C D E 3. Students with HIV infection attending school should be identified as having the disease.

A B C D E 4. Teachers infected with HIV should be allowed to teach students.

A B C D E 5. All people should be required to have a blood test to determine if they are infected by HIV.

A B C D E 6. People getting married should be required to have a blood test to determine if they are infected by HIV.

A B C D E 7. People who are HIV infected should not be allowed to serve in the armed services (military).

A B C D E 8. A student with HIV infection who attends school should be treated as any other student.

A B C D E 9. Only the school nurse should know about a student who has HIV infection.

A B C D E 10. A woman with HIV infection should not be allowed to have a baby.

Ground Rules for Discussion

1. We learn by asking questions. There are no dumb or wrong questions.
2. Each of us are allowed to express an opinion without interruption. Every point of view is worthy of being recognized.
3. We may question or disagree with an opinion but not in degrading, preachy, or embarrassing ways.
4. Each of us has the right to pass on a question or activity.
5. We will not ask personal questions of other students or of the teacher.
6. We will maintain the rule of confidentiality and not share who gave statements or opinions in class discussion. Discussion of the ideas with parents and other students is encouraged but not who made the statements.

LESSON OBJECTIVES

I.B-13. Examine the roles of contaminated needles and of blood in the transmission of HIV.

I.B-19. Describe the risk potential for HIV infection in specific behaviors and situations.

ASSESSMENT CRITERION

Explain the reasons why particular behaviors create high risks for HIV transmission.

ACTIVITIES & STRATEGIES

This lesson is most effective after basic HIV facts have been taught.

Divide the class into small groups of four or five students. Issue the worksheet, "HIV Transmission—Casual Contact and Risk Behaviors." Allow time for the completion of the worksheet.

Ask a representative from each group to report to the class the group's findings of why particular behaviors create either a high or a low risk for transmitting HIV. Also, ask if the behaviors are controllable and preventable?

RESOURCES & MATERIALS

Worksheet: "HIV Transmission—Casual Contact and Risk Behaviors

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ESSENTIAL ELEMENT

Social studies. Application of social studies skills. The student shall be provided opportunities to perceive cause-effect relationships.

NAME________________________________ **DATE**____________________

HIV Transmission — Casual Contact and Risk Behaviors

Directions: Check yes or no to indicate if each of the behaviors listed is a possible way of transmitting HIV. During class discussion, explain why each activity is or is not a risk for HIV transmission.

Behavior	Yes	No	Reason
holding hands			
sharing a needle for ear piercing or tattooing			
breathing the same air			
having sexual intercourse			
sharing an eating or drinking utensil			
kissing			
sharing a hypodermic needle			
working together			
being bitten by an insect			
using the same pencil			
exchanging blood with another person			
coughing/sneezing			
sharing razors			
being a baby of a mother with HIV			
combing another person's hair			
sleeping in the same room			

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

I.B-21. Dispel myths and misinformation concerning HIV/AIDS; infer the origins of myths and misinformation.

ASSESSMENT CRITERION

Classify HIV information as fact, myth, symptom, or result.

ACTIVITIES & STRATEGIES

Explain to the class that the lesson will provide an opportunity to express feelings about HIV infection.

Ask the students:
"How many of you know what graffiti is? Have you seen any graffiti written on a wall anywhere? If you have ever wanted to write any graffiti — this is your chance."

Use a large piece of butcher paper, mounted on the classroom wall with a brick wall sketched similar to the wall on the worksheet, "Thoughts About HIV/AIDS."* Tell the students to write one short sentence or statement on the wall concerning HIV/AIDS. Tell them that they should not sign their names — just write the statement. Allow about two minutes for this activity if using worksheets. If using large paper graffiti wall, allow about five minutes for all the students to write their statement.

If the worksheets are used, collect these sheets and tape them to the classroom display board or classroom wall for examination and discussion.

As each statement is presented, classify and mark as:

- fact about transmission
- myth about transmission
- symptoms or results of HIV/AIDS
- other

*Ask art class and/or artistic student to sketch brick wall with bricks 12" x 7".

Option:

1. Use butcher paper without wall drawings.
2. Use index cards for reporting and tape them on the butcher paper.

RESOURCES & MATERIALS

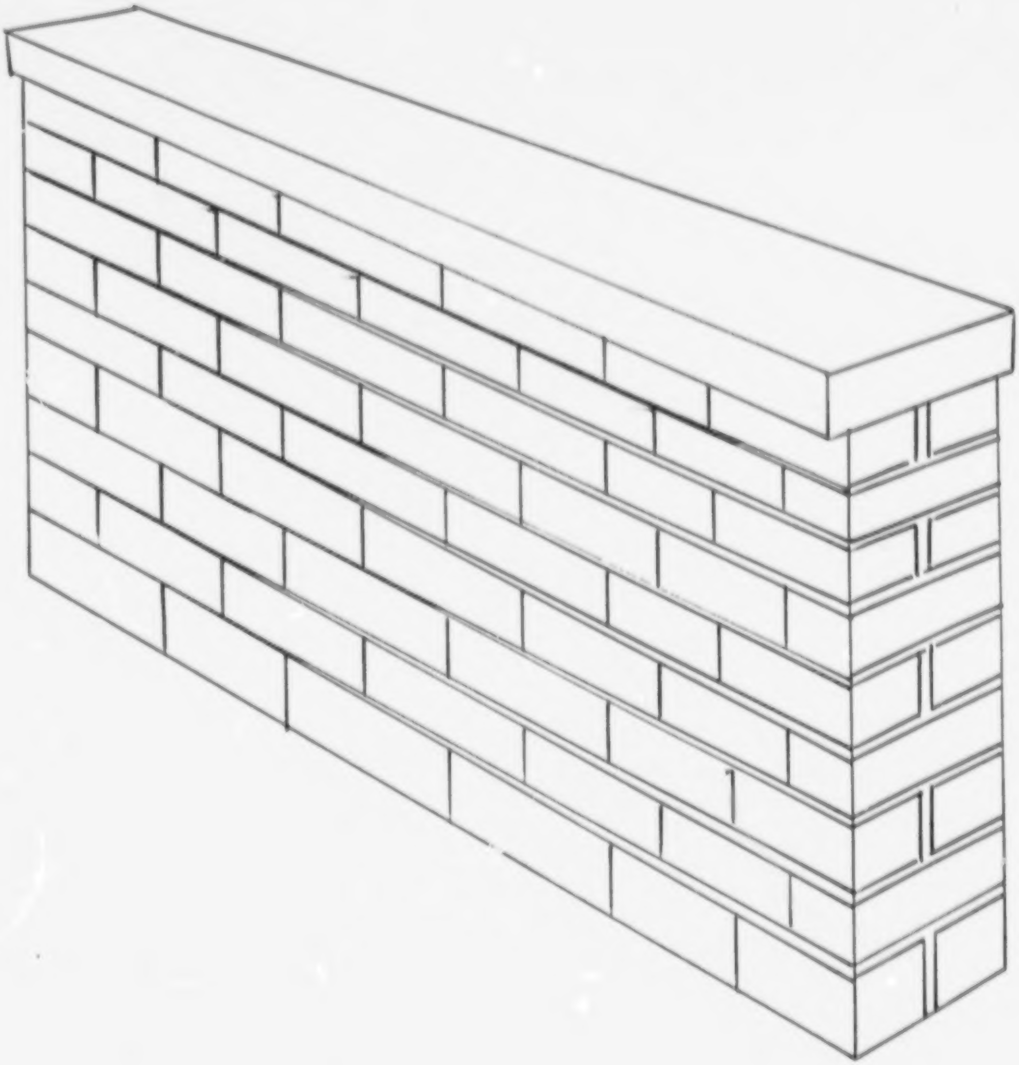
Butcher paper or brown wrapping paper, markers

Worksheet: "Thoughts About HIV/AIDS"

Teacher Tip
This lesson provides an opportunity to discuss the fact that writing graffiti on public/private property is against the law.

ESSENTIAL ELEMENT

Social studies. Application of social studies skills. The student shall be provided opportunities to translate information from one medium to another; and distinguish fact from opinion.



LESSON OBJECTIVE

II.A-8. Examine and analyze feelings and behaviors experienced by persons as a result of HIV/AIDS.

ASSESSMENT CRITERION

Gather information including HIV attitudes and concepts.

ACTIVITIES & STRATEGIES

Explain to the class that this activity is in preparation for discussion concerning the HIV disease.

Tell the students they are to imagine that they are reporters for a TV news program. Each student is assigned to interview someone about what he or she thinks about HIV and to bring that information back to share with the class.

Distribute the worksheet, "Interview Form."

Explain to the students that their job as television reporters is to select someone to interview such as a neighbor, relative, or friend, but not someone from the class. Outline what the students are to do such as: Tell the person you are an imaginary TV reporter. Then ask questions and record the answers. Assure the person you will not use his or her name with the form or answers. Bring the form back to class within three days. The information will be collected to discuss what people think about HIV. If possible, give the person interviewed a brochure or pamphlet with factual information after the interview is completed. (The Texas Health Department brochure found in Appendix I would be appropriate.)

RESOURCES & MATERIALS

Worksheet: "Interview Form"

ESSENTIAL ELEMENT

Social studies. Respect for self and others. The student shall be provided opportunities to respect beliefs of other individuals, groups, and cultures and be aware that some things are valued more in some groups and cultures than in others.

NAME______________________________ **DATE**____________________

INTERVIEW FORM

1. Have you heard about HIV/AIDS? What do you think it is?

2. Who are the people who get HIV?

3. What happens to someone who gets HIV?

4. Do you think HIV/AIDS is a big problem? Why or why not?

5. Do you know someone with HIV/AIDS? What relationship is he or she to you?

Describe the person you interviewed?

Male _____

Female _____

Age, under 20 _____

20-40 _____

over 40 _____

LESSON OBJECTIVES

II.A-4. Describe the personal challenges experienced by PLWAs, their families, and others. .

II.A-10. Identify and evaluate ways to cope with illness/ death.

ASSESSMENT CRITERION

Practice supporting others in HIV-related situations.

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TEXAS EDUCATION AGENCY

ACTIVITIES & STRATEGIES

Divide students into groups of three or four. Pass out the worksheet, "A Letter from a Doctor." Ask the students to read it quietly in their groups. Distribute butcher paper, marking pens, and masking tape to each group. Give each group the task of writing on butcher paper three rules concerning appropriate interaction with classmates who have HIV. Suggestions:

- be a friend to any classmate
- be understanding that a classmate with HIV or AIDS might be sick more often than other students
- if you are sick, be sure to practice good infection control so your classmate does not get your illness
- share school supplies with all classmates
- ask the classmate with HIV/AIDS to join your group for some activity
- invite this classmate to join you at lunch

Have each group post its rules and select a spokesperson to report to the class.

Lead a discussion with the class to form a consensus on which appropriate behavior they would like to adopt as classroom guidelines.

RESOURCES & MATERIALS

Worksheet: "A Letter from a Doctor"

Butcher paper, marking pens, and tape

ESSENTIAL ELEMENT

Social studies. Respect for self and others. The student shall be provided opportunities to respect the beliefs of other individuals, groups, and cultures and to recognize how societal values affect individual beliefs and attitudes.

NAME______________________________ **DATE**____________________

Dear Students,

We are all affected by HIV. Some of us have it in our bodies, and others of us have it around our bodies. It is probably impossible to know who is who, so I ask for your help.

First, I want each of us to be healthy and happy. That may be something you take for granted. Making safe choices affects you far more than just worrying about AIDS. It also means thinking about the risks of drinking and driving, trying or using drugs, other sexually transmitted diseases, and pregnancy. Often it is not something you think about until after the fact. With HIV/AIDS, we can't help much after the fact. So I ask you to think about it seriously now.

Maybe you know this, but if your friend does become infected, he or she needs your support more than ever. It doesn't mean that he or she has done something wrong. You need not worry about catching AIDS. It can't be done! You must participate in a behavior that puts you at risk in order to acquire this disease. The good news is that if you are informed, you can make safe choices for yourself and help those you care about make safe choices.

I know you understand how serious this epidemic is. I need your help to help yourselves and your friends to stay healthy and happy.

Sincerely,

Dr. Mimi Fields, Director
Office on HIV/AIDS
State of Washington

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

I.B-17. Identify healthy ways to encourage and demonstrate sensitivity toward persons with special needs, including PLWAs.

II.A-4. Describe the personal challenges experienced by PLWAs, their families, and others.

ASSESSMENT CRITERION

Identify and practice responsible behaviors and support of people with HIV.

ACTIVITIES & STRATEGIES

Lead a discussion using questions such as:

- How many remember who Ryan White was?
- How did Ryan acquire HIV?
- What are some ways Ryan was discriminated against in the previous school he attended?
- How was Ryan's life changed when he moved to Cicero, Indiana?
- Who initiated the changes in people's attitudes toward Ryan?
- Do you think Ryan should have been allowed to continue to attend school?
- How would you feel if he had been in some of your classes?
- Should any special provisions have been made for Ryan?
- What do you think about his using the same cafeteria, gym, pool, locker rooms, and bathrooms?

Why do you think persons with HIV need compassion and understanding? What medical reasons may PWAs have to be concerned about being in school?

Ask students to work in pairs. Pass out the worksheet, "Why People Are Afraid of HIV." Ask the students to write down what could be said to those who are afraid to have a person with HIV in their class. Then ask each pair to share their responses with the whole class for further discussion. Responses might include:

- HIV is not spread by casual contact.
- You cannot get HIV by sitting next to someone with AIDS or who is HIV positive.
- I understand how you feel! We did too, until we got the facts about HIV.

RESOURCES & MATERIALS

Worksheet: "Why People Are Afraid of HIV"

ACTIVITIES & STRATEGIES, continued

Using what was learned about people with HIV disease, tell the students to choose one of these three assignments:

a. Write an editorial for the school newspaper.
b. Create a bulletin board for the library, cafeteria, or office.
c. Write a public service announcement for TV or radio.

In conclusion, students may volunteer to report to the class how their knowledge and attitudes have changed.

ESSENTIAL ELEMENT

Social studies. Respect for self and others. The student shall be provided opportunities to respect beliefs of other individuals, groups, and cultures and to recognize how societal values affect individual beliefs and attitudes.

NAME________________________________ **DATE**____________________

Why People Are Afraid Of HIV

There are two epidemics related to HIV infection: AIDS and *AFRAIDS* (A Fear Regarding AIDS). *AFRAIDS* is caused by a lack of information. Many people who think persons with HIV should be quarantined do not understand that HIV is only spread through sexual intercourse or through exposure to blood. They believe that the HIV is spread through casual contact. People who are afraid of HIV do not know how fragile HIV is and that infection can be prevented by choosing healthy behaviors.

The only way to fight both HIV and *AFRAIDS* is by education. If people are educated about how to prevent HIV, they will realize that they have the ability to control their behaviors and potential risk for infection. This will result in an appropriate, discrimination-free response to persons with HIV.

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.B-7. Identify and analyze media coverage of HIV/AIDS.

ASSESSMENT CRITERION

Develop and implement an action plan to communicate factual HIV messages.

ACTIVITIES & STRATEGIES

Make the following assignment to the class:

For the next week, keep an HIV/AIDS record using the worksheet, "HIV in the Media," of HIV/AIDS news items that you see in newspapers and magazines and hear on radio or TV.

Tell the students to record programs from TV or radio, if possible. If not, write brief summaries. Cut out or copy newspaper and magazine articles, highlighting the major points.

Divide the class into groups of five or six students. Ask each group to summarize their findings and write or produce a program that conveys important facts about HIV. Set up an HIV Awareness Fair by allowing each group to display its research findings and HIV program. Allow each group to present to the entire class.

Option:
Other classes could be invited. All reports could be displayed in the library media center for students and teachers.

RESOURCES & MATERIALS

Newspapers and magazines

Worksheet: "HIV in the Media"

ESSENTIAL ELEMENT

Social studies. Application of social studies skills. The student shall be provided opportunities to translate information from one medium to another and to distinguish fact from opinion.

NAME______________________________ DATE____________________

HIV in the Media

Have you recently heard or read public service announcementss or read news items about HIV? Keep your eyes and ears open. For the next week, keep a record of HIV items you hear. Also, cut out articles you see in newspapers or magazines.

DATE	TIME *	TV/RADIO/OTHER	DESCRIPTION OF THE HIV ITEM

*If on radio or TV.

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

II.A-9. Discuss and predict the social, legal, and economic effects on infected individuals.

ASSESSMENT CRITERION

Analyze and discuss the personal and civil rights related to HIV disease.

ACTIVITIES & STRATEGIES

Review the case study and teacher resource, "Ground Rules for Discussion," before the class begins. Also, review the class ground rules.

Distribute the worksheet, "Jenny and the Bus Driver," to each student.

Ask for a student volunteer to read the case study aloud to the class. Allow five to 10 minutes for students to write their responses to each question. Ask for volunteers to respond to each question. Encourage discussion.

For further discussion related to personal rights and civil liberties, the following questions may be included:

- What kind of experiences can you imagine occurring in a public place that would put you in a situation similar to Jenny's?
- What do you think causes people to respond in hostile or unfriendly ways to others?
- What does it mean to have civil rights?
- What does it mean to have personal rights?

RESOURCES & MATERIALS

Teacher Resource: "Ground Rules for Discussion"

Worksheet: "Jenny and the Bus Driver"

ESSENTIAL ELEMENT

Social studies. Democratic beliefs and personal responsibility. The student shall be provided opportunities to understand that legal rights and protections must be balanced with civic responsibilities.

Ground Rules for Discussion

1. We learn by asking questions. There are no dumb or wrong questions.

2. Each of us are allowed to express an opinion without interruption. Every point of view is worthy of being recognized.

3. We may question or disagree with an opinion but not in degrading, preachy, or embarrassing ways.

4. Each of us has the right to pass on a question or activity.

5. We will not ask personal questions of other students or of the teacher.

6. We will maintain the rule of confidentiality and not share who gave statements or opinions in class discussion. Discussion of the ideas with parents and other students is encouraged but not who made the statements.

NAME_______________________________________ DATE_________________________

JENNY AND THE BUS DRIVER

Jenny has AIDS. She has Kaposi's sarcoma, and some of the purplish blotches or lesions from the disease show on her face. She has just boarded a bus and paid her fare. The bus driver, recognizing the lesions as a sign of AIDS, says, "I'm not going to let you on this bus because you have AIDS. I have other passengers to protect. You will have to get off the bus." The other passengers get angry because they are trying to get somewhere, and the bus is just sitting there. Some of them yell at the bus driver, and some yell at Jenny.

A. If you were one of the passengers on the bus, what would you do?

B. What would have been the best thing for Jenny to do in this situation?

C. What should the bus driver have done in this situation?

D. Should people with HIV/AIDS be allowed to ride public buses? Why or why not?

E. If you were the director of transportation, what kind of policy do you think you might set for situations like this one?

F. What if Jenny were Justin (a man)? How would this situation be different? What assumptions would people make?

Vocational Education

Grades 7/8

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-5. Practice behaviors and activities that enhance self-esteem.

ASSESSMENT CRITERION

Discuss and describe ways to address negative personal attributes or characteristics.

ACTIVITIES & STRATEGIES

Help students to enhance their personal feelings of self-worth. Positive self-esteem is essential when confronted with negative peer pressure. Students can be assisted to recognize and maximize their strong attributes and to minimize their weaker attributes.

Ask each student to tear a sheet of paper in half. On one half, each student lists five strong personal attributes or characteristics.

Have each student pair with another student to share lists and discuss additional strong attributes that could be added for each.

Next, ask each student to use the blank half to privately list two weak attributes they recognize in themselves. Gather all the slips; do not identify the slips with the authors. Randomly choose a slip and, with the entire class, discuss ways in which this attribute or characteristic could be changed. Repeat this three or four times. Then distribute the remaining slips to the student pairs to explore the solutions. Ask volunteers to share solutions or ways to minimize negative attributes and characteristics.

Close with each student privately finishing this open-ended sentence: "One way I can strengthen a weak or negative attribute or characteristic is to: ..."

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Vocational home economics. Life management skills. Concepts and skills for successful living with peers, parents, family members, authority figures, and others. The student shall be provided opportunities to describe methods for developing a positive self-image.

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVE

III.B-9. Set and pursue appropriate short- and long-term goals.

ASSESSMENT CRITERION

Write appropriate short- and long-term goals.

ACTIVITIES & STRATEGIES

Write the word *goals* on the chalkboard or an overhead transparency. Ask the students for their definitions. Ask them to identify areas of life in which goals would be appropriate. Include health goals, education and career goals, personal living goals, etc. List the goals on the board or transparency.

Distribute the worksheet, "So Where Am I Going and How Will I Get There?" Ask the students to write goals in areas of their own choosing. Refer them to the list. Write only goals with immediate steps.

After the goals have been written, ask the students to pair and share what they have written. Ask the student pairs to identify immediate steps that might initiate movement toward the written goals. Identify immediate steps as what you have to do today or soon to move toward a goal.

Ask for volunteers to report to the class.

In conclusion, discuss the relationship of goals to achievement, the possibility of changing goals, the importance of discussing goals with parents, and the advantages of having specific goals when making daily decisions.

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency

Worksheet: "So Where Am I Going and How Will I Get There?"

ESSENTIAL ELEMENT

Vocational education. Life management skills. Concepts and skills for successful living with peers, parents, family members, authority figures, and others. The student shall be provided opportunities to describe decisions to be made as one assumes self-responsibility and implications for the future.

NAME______________________________ **DATE**____________________

SO WHERE AM I GOING AND HOW WILL I GET THERE?

I. A goal in the area of ______________________:

Immediate steps to move toward the goal:

II. A goal in the area of ______________________:

Immediate steps to move toward the goal:

III. A goal in the area of ______________________:

Immediate steps to move toward the goal:

IV. A goal in the area of ______________________:

Immediate steps to move toward the goal:

V. A goal in the area of ______________________:

Immediate steps to move toward the goal:

LESSON OBJECTIVE

III.C-4. Develop and practice effective communication skills.

ASSESSMENT CRITERION

Contrast possible verbal responses to peers in conflict situations.

ACTIVITIES & STRATEGIES

Ask: "How do young children handle conflict situations?" "What are effective ways that adolescents handle conflicts?"

Remind students that conflicts can involve strong emotions such as anger, fear, hate, prejudice, shame, etc. Emotions as feelings are sometimes translated into behaviors that can be destructive. This activity will help students respond to conflict situations in effective verbal ways.

On the chalkboard or overhead transparency, write *assertive*, *aggressive*, and *passive*. Each of these could be descriptive of verbal responses in conflict situations. Define each word via a class discussion. Suggestions include:

- assertive—a response that gives a personal viewpoint in a quiet, confident manner and that may begin with an "I" statement; it may ask for clarification and expansion, etc.
- aggressive—a response in an attacking combative manner that may begin with an accusing "you;" it may be demeaning, name-calling, rude, etc.
- passive—a response that may be no response at all, may not be active in pursuing one's opinion or viewpoint, may go along with other person's viewpoint

Ask students for examples of each response.

Then have pairs of students identify the types of responses on worksheets. The assertive response is, of course, the preferable one in most conflict situations. Have students write assertive responses if worksheet examples are aggressive or passive. Ask pairs to share with the total class when the work is complete.

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TEXAS EDUCATION AGENCY

RESOURCES & MATERIALS

Chalkboard or overhead projector and transparency
Worksheet: "Assertive, Aggressive, or Passive?"

Teacher Tip

Sometimes the healthy response is the passive one —i.e., when the other person is out-of-control and/or under the influence of drugs or alcohol. Removing oneself from the presence of that person is essential, too.

Answer Key

Assertive: 4, 6, 8, 9
Passive: 2, 5
Aggressive: 1, 3, 7

ESSENTIAL ELEMENT

Vocational education. Life management skills. Concepts and skills for successful living with peers, parents, family members, authority figures, and others. The student shall be provided opportunities to demonstrate techniques for assertiveness in managing peer pressure.

NAME______________________________ **DATE**____________________

ASSERTIVE, AGGRESSIVE, OR PASSIVE?

__________ 1. That is about the stupidest thing I have ever heard!
Rewrite if necessary:

__________ 2. Well, if you must go to that party, I guess I'll have to go, too.
Rewrite if necessary.

__________ 3. You are the biggest mommy's boy I have ever seen.
Rewrite if necessary.

__________ 4. I would like for you to consider my viewpoint, too.
Rewrite if necessary.

__________ 5. Well, I guess I'll stay late, too.
Rewrite if necessary.

__________ 6. I am sorry if you are angry with me. Could we discuss this?
Rewrite if necessary.

__________ 7. Why in the world would you do something like that?
Rewrite if necessary.

__________ 8. I don't care to drive with someone who has been drinking.
Rewrite if necessary.

__________ 9. I happen to like her, and I don't want to hear these stories about her.
Rewrite if necessary.

LESSON OBJECTIVE

I.B-10. Describe methods of transmission of communicable diseases and of HIV infection.

ASSESSMENT CRITERION

Explain the multiplier effect of HIV/AIDS.

ACTIVITIES & STRATEGIES

Shake hands with some students and/or touch others as they enter the classroom. Later inform the students that you have "the touching disease." Ask the students who were touched to stand. Tell them that they have contracted the "touching disease" from you. Ask if anyone has touched a person that is standing. Request that those students stand. Continue this process until no new persons stand up.

Ask the students to be seated and emphasize that no one knew that you had the touching disease yet they became infected anyway. Compare this process with HIV infection. Ask the students, "Can we usually tell if someone has HIV?" "How is the 'touching disease' different from HIV infection?" HIV is not transmitted by casual contact like touching. Ask: "How is the HIV infection transmitted?" Write the modes of transmission on the chalkboard. Explain and expand the discussion to include the following key points:

1. sharing of HIV-infected blood
2. unprotected sex with HIV-infected person
3. infected mother to child during pregnancy, birth, and/or breast-feeding

Explain that HIV infection has a multiplier effect—i.e., it can spread quickly from one person to many if the first two behaviors are involved. Write two multiplied by two; that answer by four, by 16, times, 256, etc. Draw a *multiplication diagram* on the chalkboard. Ask: "What would happen if one of these people decided not to behave in this risky way?" (A link in the transmission would be broken.) Point this out by erasing those persons in the diagram.

Sum up by reminding students: "HIV is not transmitted by casual contact. It is transmitted by these risky behaviors (point to chalkboard). Some people are HIV infected and do not show it and may not know it, but they may still infect someone else through these risky behaviors. We don't know if everyone with HIV will have AIDS. People with AIDS usually die. There is no cure."

RESOURCES & MATERIALS

Chalkboard

Teacher Tip:

Be certain the students understand that HIV is not spread via handshaking or touching.

ESSENTIAL ELEMENT

Vocational home economics. Life management skills. Concepts and skills for achieving optimum personal health and appearance. The student shall be provided opportunities to relate good health practices to personal well-being and achievement.

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TEXAS EDUCATION AGENCY

LESSON OBJECTIVES

III.A-6. Identify valid reasons to practice abstinence.
III.C-3. Recognize and value differences and similarities in individuals and families.

ASSESSMENT CRITERION

Practice making healthy decisions.

ACTIVITIES & STRATEGIES

Give students copies of the worksheet, "The Way It Is...," or make a transparency and project the information with an overhead projector. Refer to the teacher resource, "Ground Rules for Discussion," for review of basic concepts.

Emphasize the skills and information needed to make the healthiest decisions in these situations. Discuss the different viewpoints people may have on the use of condoms by adolescents. Emphasize that each viewpoint could be justified and valid for that person.

RESOURCES & MATERIALS

Worksheet: "The Way It Is..."

Teacher Resource: "Ground Rules for Discussion"

Teacher Tip

This activity presents the tri-level approach to sexual activity: one, encourage abstinence for those who have not had sexual intercourse; two, encourage those who have to choose abstinence now; and three, for those who no one can convince to change, encourage protection for some safety.

ESSENTIAL ELEMENT

Vocational education. Life management skills. Concepts and skills for successful living with peers, parents, family members, authority figures, and others. The student shall be provided opportunities to describe decisions to be made as one assumes self-responsibility and implications for the future.

NAME______________________________ DATE____________________

The Way It Is...

Situation One:
Katie is living with her aunt Sheila. Katie and her mom do not get along. Katie has been seeing Troy who is an eighth grade classmate. Aunt Sheila is concerned that Katie and Troy are getting emotionally and physically involved. Katie seems unhappy. Katie's mom has said that she really doesn't care what Katie does now—"She made the decision to leave home; I didn't ask her to leave." Sheila is going to talk to Katie about her relationship with Troy.

Situation Two:
The counselor John is seeing is asking him about the relationship John has with his girlfriend, Janita, who is two years older than John. John confides that they are having sex. The counselor wants him to consider the implications of this.

Situation Three:
Jaime has had a number of girlfriends. He refers to all of them as "nice girls." He has had sex with most of them. His big brother, Tom, is concerned about Jaime's activities although he (Tom) is promiscuous. Tom decides to talk to Jaime.

Ground Rules for Discussion

1. We learn by asking questions. There are no dumb or wrong questions.
2. Each of us are allowed to express an opinion without interruption. Every point of view is worthy of being recognized.
3. We may question or disagree with an opinion but not in degrading, preachy, or embarrassing ways.
4. Each of us has the right to pass on a question or activity.
5. We will not ask personal questions of other students or of the teacher.
6. We will maintain the rule of confidentiality and not share who gave statements or opinions in class discussion. Discussion of the ideas with parents and other students is encouraged but not who made the statements.

LESSON OBJECTIVE

I.B-17. Identify healthy ways to encourage and demonstrate sensitivity for persons with special needs, including PLWAs.

ASSESSMENT CRITERION

Identify and demonstrate ways to show compassion and support for PLWAs.

ACTIVITIES & STRATEGIES

Show and discuss an audiovisual featuring a real or fictional Person Living With AIDS (PLWA) —a Ryan White videotape would be effective. Explain that the acryonym PLWA will be used in this lesson. Another acryonym is sometimes used: A Person Living With HIV (PLWH). Also, an excellent choice is the "Personal Glimpses": video that accompanies the curriculum. Points to consider:

- How did the PLWA contract HIV?
- What is the PLWA's health status in the video?
- What challenges to the PLWA were depicted?
- How was he or she treated by various persons and institutions?
- What is the postscript to this video? (Ryan White died in 1990, for example.)

Or use an article on a famous PLWA or PLWH such as Magic Johnson. Read it or have a volunteer read it to the class. Use or adjust point to consider for discussion.

Ask: "What does the seriousness of AIDS mean to us as individuals?"

Continue with: "What can we do to help PLWAs?" After some discussion, localize the situation—i.e., what are the needs of local PLWAs and their families? (If there are no known local PLWAs, inform students that if the epidemic continues to spread as it has previously there will also be PLWAs in every small town and rural area.) Ask: "How can we help?"

An example of a concrete effort: One FHA near a large city responded to the needs of PLWAs and families by collecting food for the pantry in an AIDS resource center.

Be certain that students understand that HIV is not transmitted by casual contact. Define casual contact. Colds and flu can be transmitted via casual contact but not HIV.

RESOURCES & MATERIALS

ESSENTIAL ELEMENT

Vocational education. Life management skills. Concepts and skills for successful living with peers, family members, authority figures, and others. The student shall be provided opportunities to identify methods of achieving satisfying interpersonal relationships with peers, parents, family members, authority figures, and others.

LESSON OBJECTIVE

I.C-3. Identify community professionals, programs, and resources.

ASSESSMENT CRITERION

Identify major concepts presented by guest speakers.

ACTIVITIES & STRATEGIES

Most communities have professionals who are knowledgeable on the subjects of communicable diseases, including STDs and HIV/AIDS. Some professionals to check for classroom presentations would include those from:

- hospitals
- health departments
- the March of Dimes
- STD/HIV clinics
- the Red Cross
- family planning clinics
- emergency medical services
- state agencies—i.e., Texas Education Agency, education service centers, Texas Department of Health, Texas Department of Human Resources

Use the Teacher Resource for guidance on ensuring that speakers are appropriate and effective with this age-grade level.

A few ideas could include:

- incorporating speakers into an HIV/AIDS Awareness Week
- videotaping the speaker to use with other classes—most speakers do not have the time to present to three or four classes
- asking a physician/surgeon to bring operating room attire now used to minimize blood to blood contact, especially with PLWAs; ask for a volunteer to model the attire
- pairing a professional with a PLWA—one presenting the facts, the other, personal experiences
- asking the students to write, "Today I learned..." statements for closure
- doing a follow-up and/or evaluation to verify information the students assimilated and to correct misinformation they may still have

RESOURCES & MATERIALS

Teacher Tip:

Some districts have approved speaker lists. If your district does not, it is your responsibility that your guest speaker present factual, unbiased information within school district guidelines; see Teacher Resource.

Teacher Resource: "Guest Speakers for the Classroom"

ESSENTIAL ELEMENT

Vocational home economics. Life management skills. Concepts and skills for achieving optimum personal health and appearance. The student shall be provided opportunities to relate good health practices to personal well-being and achievement.

GUEST SPEAKERS FOR THE CLASSROOM

Speakers should be on the district's approved speaker list if one has been developed. If not, use the following criteria to choose speakers:

- Speakers should be recognized experts on topics addressed.

- Speakers should represent a respectable, recognized organization, group, or agency.

- Speakers should be informed about the cultural or ethnic backgrounds; the cognitive, age and developmental levels; and the special needs of the students.

- Proposed speakers who are not recognized as expert or who represent an unknown group should be referred to and checked by the administration. Students should never be a captive audience for biased, nonfactual presentations.

- Teachers can ensure more effective presentations by:
  - encouraging and facilitating the use of audiovisuals and other presentation methods appropriate to the students
  - limiting the number in the students
  - informing the speaker of time limits and providing time for questions
  - asking the speaker to send handouts for the teacher to reproduce and check for appropriateness
  - securing information to use in introducing the speaker
  - remaining in the classroom to assist the speaker during the entire presentation

Notes

Notes

Notes

Education
for
Self-Responsibility III:

PREVENTION OF HIV/AIDS

Appendices

Texas Education Agency

ESR III

Healthy People 2000: National Health Promotion and Disease Prevention Objectives and Healthy Schools*

Healthy People 2000: Objectives Related to Schools

Introduction

Healthy People 2000: National Health Promotion and Disease Prevention Objectives,[1] released in September 1990, offers a vision for the new century, characterized by significant reductions in preventable death and disability, enhanced quality of life, and greatly reduced disparities in the health status of populations within our society. *Healthy People 2000* does not reflect the policies or opinions of any one individual or any one organization, including the federal government. It is the product of a national effort, involving professionals and citizens, private organizations and public agencies from every part of the country. It is deliberately comprehensive in addressing health promotion and disease prevention opportunities to allow local communities and states to choose from among its recommendations to address their own highest priority needs.

Schools offer the most systematic and efficient means available to improve the health of youth and enable young people to avoid health risks. They provide an avenue for reaching more than 46 million students each year, as well as over five million instructional and noninstructional staff. The American Public Health Association noted that the school, as a social structure, provides an educational setting in which the total health of the child during the impressionable years is a priority concern. No other community setting even approximates the magnitude of the grades K-12 school education enterprise...Thus, it seems that the school should be regarded as a...focal point to which health planning for all other community settings should relate.[2]

Planned and sequential quality school health education programs help young people at each appropriate grade to develop increasingly complex knowledge and skills they will need to avoid important health risks, and to maintain their own health, the health of the families for which they will become responsible, and the health of communities in which they will reside.

Other aspects of the school environment also are important to school health. State and local health departments, business and industry, organizations, parents, and other community resources can work with schools to provide a multidimensional program of school health that may include school health education; school-linked or school-based health services designed to prevent, detect, and address health problems; a healthy and safe school environment; physical education; healthful school food service selections; psychological assessment and counseling to promote child development and emotional health; school site health promotion for faculty and staff; and integrated school and community health promotion efforts.

The following objectives were selected from the 300 objectives found in *Healthy People 2000*. They are arranged in two categories following a model used by Kolbe and Iverson[3] in reviewing the 1990 health objectives. The first category includes objectives whose achievement depends directly on the existence of school health programs. These objectives are organized under the eight components of a multidimensional school health program. The second category includes objectives which can be influenced in important ways by schools. In the latter instance, school health programs can contribute to achieving these objectives, but other actions taken home and in the community also may have a significant effect on achieving these objectives. This group includes objectives related to worksite health promotion, which are relevant to the school as a worksite for faculty and staff, and objectives related to primary health care providers, which are relevant for school nurses and other providers of health care in the school setting. The remaining objectives in this category are organized under the 22 priority areas found in *Healthy People 2000*.

By the year 2000, many students currently passing through the educational system will have reached adulthood; for this reason, and because of health programs for faculty and staff and integrated school and community health promotion efforts, school health programs will have far-reaching effects on many more objectives related primarily to adults. Those interested in the objectives should consult the complete *Healthy People 2000* volume, which contains the full set of 300 national health promotion and disease prevention objectives for the year 2000, as well as important background information and commentary which elaborates on each objective.

References

1. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, DC: U.S. Public Health Service; 1990.
2. American Public Health Association. Resolutions and Position Papers: Education for Health in the Community Setting. *Am. J. Public Health*. 1975:65(2):201.
3. Kolbe L., Iverson D. Evolution of the national disease prevention and health promotion strategy: Establishing a role for the schools. *J. Sch Health*. 1983:53(5):294-302.

18.10 Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12 grade, preferably as part of quality school health education. (Baseline: 66 percent of school districts required HIV education but only 5 percent required HIV education in each year for 7th through 12th grade in 1989)

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

AIDS information and education programs have increased public knowledge and influenced attitudes about HIV and AIDS. However, some misinformation still persists at all levels of society. The first step toward reducing high-risk behaviors is for people to be able to use information about how HIV is transmitted to assess their own risk of becoming infected. Only when people know that they are at risk will they change their behavior.

Although intensive education has reduced high-risk sexual and drug abuse behaviors among some people, there is an urgent need to continue this trend and to ensure that low-risk behaviors are sustained. The public is generally aware of the linkage between intravenous drug abuse and HIV infection and of the risk for the spread of HIV infection from intravenous drug abusers to their sexual partners and children. Less well known is the risk of HIV infection among crack cocaine abusers, caused in part by the practice of exchanging sex for crack cocaine.

It is important to maintain and expand awareness for several reasons. First, educating children in school is a means of reaching the family members and sexual partners of intravenous drug abusers and crack cocaine abusers and crack cocaine abusers who are often difficult to contact through more focused outreach. Second, sexually active people should consider the possible drug-using practices of their current and potential sexual partners.

As of January 1990, only 29 states had policies regarding HIV/AIDS education; most of those States favored beginning such education before children reach the age of puberty, usually by 6th grade. Ideally, HIV education would reach children before they develop patterns of high-risk sexual activity and drug abuse. School-and college-age youth, especially those in areas of high HIV incidence, should be a primary target of prevention education. To be effective, such training must be direct and unambiguous. In addition to information about transmission, HIV curricula should include training in the social and personal skills students need to resist peer pressure to participate in unhealthy sexual activity and drug abuse. For example, an effective curriculum might include the components recommended in the Centers for Disease Control's *Guidelines for Effective School Health Education to Prevent the Spread of AIDS.* Special efforts will be needed to reach students who have special education needs. Optimally, HIV education should be provided as part of quality school health education. For a definition of quality school health education, see *Educational and Community-Based Programs.*

19.12 **Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education. (Baseline: 95 percent of schools reported offering at least one class on sexually transmitted diseases as part of their standard curricula in 1988)**

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Awareness of the risks of sexual behavior and of sexually transmitted diseases is particularly crucial for adolescents. Through school-based education on family life and human sexuality, youth can be offered the knowledge and skills they need to reduce their risk of contracting sexually transmitted diseases. Because of emphasis deriving from the HIV epidemic, students are relatively well informed about prevention of HIV transmission, but are less knowledgeable about the symptoms of other sexually transmitted diseases. Programs should be modified to include sexually transmitted diseases as part of a total health education package. In addition, school curricula must build on the foundation of increased knowledge by including behaviorally based instruction (e.g., role-playing) to develop skills in improving safer sexual behaviors. Optimally, sexually transmitted disease education should be provided as part of quality school health education. For a definition of quality school health education, see *Educational and Community-Based Programs.*

As messages about safer sexual behaviors have become more common, emphasis has also been placed on increasing the variety and specificity of these messages to reach different cultural and ethnic groups in more effective ways. HIV prevention messages should be expanded to include symptoms of other sexually transmitted diseases and services for diagnosing/treating them. The effect of these messages on adolescent behavior should be assessed so that the most successful messages can be more broadly distributed.

HIV Infection

18.1 Confine annual incidence of diagnosed AIDS cases to no more than 98,000 cases. (Baseline: An estimated 44,000 to 50,000 diagnosed cases in 1989)

Special Population Targets

	Diagnosed AIDS Cases	*1989 Baseline*	*2000 Target*
18.1a	Gay and bisexual men	26,000-28,000	48,000
18.1b	Blacks	14,000-15,000	37,000
18.1c	Hispanics	7,000 - 8,000	18,000

Note: Targets for this objective are equal to upper bound estimates of the incidence of diagnosed AIDS cases projected for 1993.

18.2 Confine the prevalence of HIV infection to no more than 800 per 100,000 people. (Baseline: An estimated 400 per 100,000 in 1989)

Special Population Targets

	Estimated Prevalence of HIV Infection (per 100,000)	*1989 Baseline*	*2000 Target*
18.2a	Homosexual men	2,000-42,000*	20,000
18.2b	Intravenous drug abusers	30,000-40,000**	40,000
18.2c	Women giving birth to live-born infants	150	100

** Per 100,000 homosexual men aged 15 through 24 based on men tested in selected sexually transmitted disease clinics in unlinked surveys; most studies find HIV prevalence of between 2,000 and 21,000 per 100,000*

*** Per 100,000 intravenous drug abusers aged 15 through 24 in the New York city vicinity; in areas other than major metropolitan centers, infection rates in people entering selected drug treatment programs tested in unlinked surveys are often under 500 per 100,000*

18.4 Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

Special Population Targets

	Use of Condoms	*1988 Baseline*	*2000 Target*
18.4a	Sexually active young women aged 15-19 (by their partners)	26%	60%
18.4b	Sexually active young men aged 15-19	57%	75%
18.4c	Intravenous drug abusers	—	60%

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Sexually Transmitted Diseases

19.1 Reduce gonorrhea to an incidence of no more than 225 cases per 100,000 people. (Baseline: 300 per 100,000 in 1989)

Special Population Targets

	Gonorrhea Incidence (per 100,000)	*1989 Baseline*	*2000 Target*
19.1a	Blacks	1,990	1,300
19.1b	Adolescents aged 15-19	1,123	750
19.1c	Women aged 15-44	501	290

19.2 Reduce *Chlamydia trachomatis infections,* as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000 people. (Baseline: 215 per 100,000 in 1988)

19.3 Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000 people. (Baseline: 18.1 per 100,000 in 1989)

Special Population Target

	Primary and Secondary Syphilis Incidence	*1989 Baseline*	*2000 Target*
19.3a	Blacks	118	65

19.4 Reduce congenital syphilis to an incidence of no more than 50 cases per 100,000 live births. (Baseline: 100 per 100,000 live births in 1989)

19.5 Reduce genital herpes and genital warts, as measured by a reduction to 142,000 and 385,000, respectively, in the annual number of first-time consultations with a physician for the conditions. (Baseline: 167,000 and 451,000 in 1988)

19.6 Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalizations for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44. (Baseline: 311 per 100,000 in 1988)

19.10* Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

Special Population Targets

	Use of Condoms	*1988 Baseline*	*2000 Target*
19.10a	Sexually active young women aged 15-19 (by their partners)	25%	60%
19.10b	Sexually active young men aged 15-19	57%	75%
19.10c	Intravenous drug abusers	—	60%

Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.

Immunization and Infectious Diseases

20.1 Reduce indigenous cases of vaccine-preventable diseases as follows:

Disease	*1988 Baseline*	*2000 Target*
Diphtheria among people aged 25 and younger	1	0
Tetanus among people aged 25 and younger	3	0
Polio (wild-type virus)	0	0
Measles	3,058	0
Rubella	225	0
Congenital Rubella Syndrome	6	0
Mumps	4,866	500
Pertussis	3,450	1,000

20.8 Reduce infectious diarrhea by at least 25 percent among children in licensed child care centers and children in programs that provide an Individualized Education Program (IEP) or Individualized Health Plan (IHP). (Baseline data available in 1992)

20.13 Expand immunization laws for schools, preschools, and day care settings to all states for all antigens. (Baseline: 9 states and the District of Columbia in 1990)

Currently all 50 states and the District of Columbia have immunization laws or requirements for students in some or all grades from kindergarten through grade 12 and children attending licensed day care facilities. In general, the number of antigens required by day care and public school laws are quite similar. In recent years, there has been a marked increase in the number of states strengthening their existing immunization laws by adding new vaccine requirements and expanding coverage into the day care area.

20.14 Increase to at least 90 percent in proportion of primary care providers who provide information and counseling about immunizations and offer immunizations as appropriate for their patients. (Baseline data available in 1992)

Clinical Preventive Services

21.2 Increase to at least 50 percent the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Task Force. (Baseline data available in 1991)

Special Population Targets

	Receipt of Recommended Services	*Baseline*	*2000 Target*
21.2a	Infants up to 24 months	—	90%
21.2b	Children aged 2-12	—	80%
21.2c	Adolescents aged 13-18	—	50%
21.2d	Adults aged 19-39	—	40%
21.2e	Adults aged 40-64	—	40%

21.2f	Adults aged 65 and older	—	40%
21.2g	Low-income people	—	50%
21.2h	Blacks	—	50%
21.2i	Hispanics	—	50%
21.2j	Asians/Pacific Islanders	—	50%
21.2k	American Indians/Alaska Natives	—	70%
21.2l	People with disabilities	—	80%

21.6 Increase to at least 50 percent the proportion of primary care providers who provide their patients with the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

Adapted from the •adaption of *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (DHHS Pub. No. (PHS) 91-50212. *J. Sch. Health.* 1991:61 (7): 298-299, 305-306, 326-328.

Glossary of Terms

The targeted audience for these terms is educators. It is *not* recommended to use these terms as a spelling list for the student.

Abstinence
Voluntarily refraining from something. Not participating in or indulging in something.

Acquired
Not inherited; to come to have a new characteristic by unspecified means

AIDS
Acquired Immune Deficiency Syndrome. A viral disease which dangers the body's immune system, making the infected person susceptible to a wide range of serious diseases. Until 1992, AIDS was scientifically identified by the appearance of one or more opportunistic disease in an HIV positive individual. In April 1992, the Centers for Disease Control expanded this definition to include any HIV positive individual with a T-cell count less than 200.

Anal Intercourse
Insertion of the penis into a partner's rectum; one of the high-risk behaviors for the transmission of HIV and many other STDs.

Antibody
A molecule produced by the immune system of the body in response to an antigen and which has the particular property of combining specifically with the antigen that induced its formation.

Antigen
A foreign molecule or substance, which when introduced into the blood is capable of inducing the formation of antibodies.

Anus
The opening of the rectum to the outside of the body.

Asymptomatic
Without symptoms; having no feeling of ill health.

AZT
Azidothymidine, tradename Retrovir, a drug which acts to reduce symptoms and prolong the life of AIDS patient.

B cells
Lymphocytes that produce antibodies against microbes and foreign substances.

Bacteria
Microorganisms (germs), some of which can cause disease.

Bisexual
Sexual attraction and interest directed toward both females and males.

Blood Donor
A person who gives blood to be stored and used for a transfusion.

Blood Transfusion
A medical procedure where blood from a donor or blood bank is inserted into a patient's body through a tube or needle inserted into a vein of the patient.
Casual contact — the kind of everyday touching between people that happens in families, at school, and at social events. (See Casual Transmission.)

Body Fluids
Any liquid material produced by the body; in AIDS patients, the virus has been isolated in blood, semen, vaginal secretions, tears, saliva, perspiration, and urine. Only blood, semen and vaginal secretions have definitely been demonstrated to transmit HIV.

Candidiasis (Thrush)
A fungal infection of the mouth, throat, esophagus, and even the entire gastrointestinal system, frequently seen in AIDS patients.

Carrier
A person that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection. The carrier state may exist in an individual with an infection that is inapparent throughout its course (commonly known as aymptomatic carrier).

Casual transmission
Transmission of disease through casual contact. Colds and flu are often casually transmitted. The HIV virus is not transmitted casually.

CD4
A characteristic antigen on the surface of helper T cells. CD is acronym for cluster of differentiation.

CDC
The Centers for Disease Control, a federal agency based in Atlanta, Georgia, that studies and monitors the incidence and prevalence of disease in the U. S., and also provides health and safety guidelines for the prevention of disease.

Chlamydia (Cla•mid•ia)
A microorganism that causes a variety of diseases including nongonococcal urethritus and PID.

Civil Rights
Those legal rights guaranteed to the individual in the United States by the Bill of Rights and several later amendments to the U. S. Constitution. Usually means fair treatment under the law.

Communicable Disease
A disease which can be transmitted directly or indirectly from one person to another.

Commitment
A pledge to do something. An agreement one is bound to fulfill.

Compassion
Sympathetic concerns and understanding for another.

Condom
Also called rubbers or prophylactics. A sheath used to cover the penis before and during intercourse to prevent pregnancy and the transmission of sexual diseases through the semen. Latex condoms are effective in preventing the transmission of the AIDS virus.

Confidentiality
The right of individuals to have information about themselves kept only with the appropriate authorities or agencies.

Congenital
Refers to conditions that are present at birth.

Contact Tracing
A system of attempting to construct the spread of an infectious disease by tracing back to the person who infected the patient, then questioning them to see who infected them, and so on back.

Coping
To contend with or deal with a problem.

Cytomega Lovrius
The most common viral infection found in AIDS patients, characterized by infection of many parts of the body especially liver, lungs, and colon. It may manifest itself as hepatitis, pneumonia, colitis, adrenalitis, encephalitis, and other symptoms.

ddI
Didanosine, the second antiretroviral drug approved by the Food and Drug Administration; first was AZT.

Dementia
A general designation for mental deterioration.

Diagnosis
The act of identifying a disease from its signs and symptoms; as investigation or analysis of the cause of a condition or problem.

Dignity
Self respect, having a degree of worth.

Disease
A particular destructive process in an organ or organism with a specific cause and characteristic symptom; an illness.

Discrimination
Showing of partiality or prejudice in treatment of another.

ELISA (E•LI•ZHA)
Acronym for "enzyme-linked immunosorbent assay," a blood test used to detect antibodies against HIV.

Empathy
Ability to share and understand another's emotions or feelings.

Epidemic
A wide spread or prevalent disease, especially the rapid spreading of such a disease.

Epidemiology
Study of the relationships of the various factors determining the frequency and distribution of diseases in a human environment.

Ethical
Based on moral judgments or standards.

Etiology
Study of the factors that cause disease.

Fact
What has actually happened or that is actually true.

Fidelity
Being faithful to a partner by having no other sexual partners, being faithful to one's obligations or vows.

Flagyl
Brand name of the medication used for trichomoniasis and amebiasis.

Fluorescent Treponemal Antibody (FTA)
Blood test for syphilis.

Fungus
A kind of germ related to the plant family.

Genitals (Genitalia)
The external reproductive organs.

Germ
A virus, bacterium, yeast, or fungus that can cause disease.

Gonorrhea
A sexually transmitted disease spread by a variety of sexual acts, manifesting itself with painful urination and discharge.

Helper T-cell
A kind of white blood cell (lymphocyte) which plays a major role in the body's immune system to fight disease.

Hemophilia
An inherited disease caused by a deficiency in the ability to synthesize blood coagulation proteins (such as Factor VIII), and resulting in prolonged internal or external bleeding.

Hepatitis B
An infection of the liver caused by a virus and frequently transmitted through blood transfusions or through other exchange of bodily fluids.

Herpes Simplex
A sexually transmitted viral infection that causes ulcers in the genitals.

Heterosexual
Sexual attraction and interest directed toward the opposite sex.

High-risk Behavior
Personal actions that increase the likelihood of getting a disease or damaging one's health.

HIV
The accepted scientific name for the AIDS virus, in most common usage now. Stands for human immunodeficiency virus.

HIV Testing (Confirmatory)
Programs to provide a confirmatory test, principally the Western Blot, to individuals who have two positive ELISA results.

Homosexual
Sexual attraction and interest directed toward the same sex.

Hospice
Facility or program which provides palliative care, primarily medical relief of pain and symptom management, and support services to terminally ill people and grief and bereavement counseling for their families. These services can be provided either in a facility or the patient's home.

Host Cell
A healthy cell the materials of which are used by a virus for nutrients and reproduction.

IDU
injecting drug user, more accurate than IV drug user. IDU refers to those who inject nonintravenously as well as intravenously.

Immune System
A flexible but highly specific mechanism of the human body that kills microorganisms and the cells they infect, destroys malignant cells, and removes debris.

Immunity
Resistance to or protection against a specific infection or disease.

Immunology
The medical study of the immune system.

Incidence
The number of new cases of AIDS in a given time.

Incubation Period
A period of time in weeks, months or years, from the time an individual is infected with HIV to the time the disease becomes active and starts showing symptoms.

Information and Referral Line
Telephone programs to link individuals in need of information or referral for services with the appropriate agency and to provide immediate factual information to questions about HIV.

Inoculation
A method of giving a vaccine to produce immunity.

Intercourse
A type of sexual contact involving one of the following: (1) insertion of a man's penis into a woman' vagina, call "vaginal intercourse," (2) placement of the mouth on the genitals of another person, called "oral intercourse"; or (3) insertion of a man's penis into the anus of another person, called "anal intercourse."

Intravenous (IV)
In or into a vein, as an IV injection.

Kaposi's Sarcoma
(cap´•o-see's sar-co´-ma)
A cancer or tumor of the blood or lymphatic vessel cells. It is the most common opportunistic malignancy associated with the HIV infection.

Lesion
A visible wound, sore, or rash.

Lymphoma
Cancers of the lymphocytes especially those in lymph glands.

Lymphocytes
White blood cells that fight pathogens.

Maternal Transmission
The transmission of a disease from a woman to her child during pregnancy or breast feeding. HIV infection can be transmitted this way.

Monogamous
A committed relationship between two people in which neither partner becomes sexually involved with anyone else.

Morbidity
Frequency of disease occurrence in proportion to the population.

Mortality
Frequency of number of deaths in proportion to the population.

Noncommunicable disease
a disease that begins *inside* a person's body, is not passed from one person to another and is not caused by microbes. This category includes such diseases/conditions as cancers, diabetes, heart disease, epilepsy, sickle cell anemia, asthma, allergies, bronchitis, etc.

Non-oxynol 9 (non-ox´•a•nol)
A spermicide which has also been shown to kill the AIDS virus in laboratory studies. Available in some sexual lubricants which can be used with condoms, non-oxynol 9 is not an effective AIDS prevention on its own. Concentrations of 5% or more are recommended.

Opinion
What one believes to be true, but not based on absolute knowledge.

Opportunistic Infection
An infection caused by an organism that rarely causes disease in people with normal immune systems but attacks immunosuppressed patients.

Oral Sex
Stimulation of one's genitals by the mouth of a sexual partner.

Pandemic
The occurence of a disease over a wide geographical area and affecting an exceptionally high proportion of the population.

Pathogen
A microorganism capable of producing disease.

Peer Pressure
The influence that persons of the same age try to make on another person's decisions; such pressure can be healthful or harmful.

Penis
The male sex organ, through which semen and urine pass.

Perinatal
Before birth, as in perinatal transmission of AIDS, when a fetus is infected with HIV even before he is born.

Placenta
The internal organ that develops in the uterus with pregnancy and through which the fetus absorbs oxygen and nutrients and excretes waste.

PLWA
Abbreviation for a person living with AIDS. This abbreviation is being used more frequently as drugs and other treatments are extending and enhancing the lives of persons with AIDS.

Pneumocystis Carinii
Pneumonia
(num•a•sis´•tis ca•ren´•e•eye)
Opportunistic infection most frequently diagnosed in patients with AIDS. Caused by a parasite commonly present in the normal population. Pneumocystis carinii infection is life-threatening in immunosuppressed patients.

Pneumonia
An infection of the lungs.

Prejudice
A belief prior to having full knowledge about something, an unfair bias about a person or an issue.

Prevalence
The degree to which (a disease) is wide spread, numbers of cases of occurrence.

Promiscuous
Having numerous sex partners.

Protozoan
Cellular or unicellular animals, some of which are serious parasites of man and animals.

PWA
Abbreviation for "person with AIDS." Many people with AIDS prefer this term to others like "AIDS victim," or "AIDS patient." They would rather see themselves as active participants in their treatment and healing, not helpless victims who passively wait to die.

Refusal Statement
Words that explain when a person declares that he or she does not want to do something.

Remission
Partial or complete disappearance of symptoms, often only temporary.

Responsible Decision
A decision that promotes your well-being or the well-being of others.

Respect
To feel or show appreciation for someone or something.

Retrovirus
One of a group of viruses that have RNA as their genetic code and have the ability to copy that RNA into DNA and incorporate it into an infected cell.

Reverse Transcriptase
An enzyme used by retroviruses to produce DNA.

Risk Behavior
A behavior that may threaten a person's health and increases the chances of becoming ill.

Risk Reduction Education
Programs to educate groups or individuals on methods of preventing the spread of HIV.

Semen
Secretion or fluid from male sexual organs which transport sperm during sexual activity.

Seropositive
In the case of AIDS, the condition of having AIDS virus antibodies found in the blood.

Seroprevalence
Prevalence based on blood serum tests.

Sexual Abstinence
Not having sex with another person.

Sexual Intercourse
Sexual union involving the penis with the vagina.

Slim Disease
A disease characterized by severe weight loss, body wasting and weakness, and is sometimes associated with chronic diarrhea and persistent coughing.

Spermicide
A substance capable of killing sperm.

STD
The initials for sexually transmitted disease which may be any of a number of diseases which can be transmitted through various forms of sexual contact. AIDS is a disease which is transmitted through sexual intercourse.

Surveillance
In public health terms, monitoring and collecting data on incidence of disease; counting the number of cases.

Symptomatic
Stage of a disease in which signs or symptoms are evident.

Syndrome
Pattern of symptoms and signs, appearing one by one or simultaneously that together characterize a particular disease or disorder.

Syphilis
A sexually transmitted disease that is characterized at first by the presence of a chancre in the genital area.

T-cell
Cell that matures in they thymus gland. T-lymphocytes are found primarily in the blood, lymph, and lymphoid organs. Subsets of T-cells have a variety of specialized functions within the immune system.

Transfusion
Medical transfer of blood of one person to another person.

Transmission
How a disease is spread from one person to another.

Transmit
To pass from one person to another.

Vaccination
The act of innoculating to produce immunity.

Vaccine
A preparation of living, dead or attenuated organisms innoculated into person to produce immunity.

Vagina
The tube that leads from a woman's uterus to the outside of the body. It is also called the birth canal.

Vaginal Secretions
Substances secreted or discharged from the vagina (mucous membrane).

Viron
A virus particle.

Virus
Submicroscopic organism capable of infecting plants, animals, and bacteria. It is characterized by dependence on specific host cells for reproduction and by the absence of independent metabolism.

Western Blot
Blood test which involves the identification of antibodies against specific protein molecules. This test is more specific that the ELISA test in detecting antibodies to HIV in blood samples. It is used as a confirmatory test for positive ELISA samples. The Western Blot requires more sophisticated lab technique than ELISA and is more expensive.

Yeast
A kind of fungus.

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Health Objectives for the Nation

Sexual Behavior Among High School Students — United States, 1990

Since the 1970s, sexually transmitted diseases (STDs) (including human immunodeficiency virus infection and acquired immunodeficiency syndrome), unintended pregnancies, and other problems that result from sexual activity have increased among adolescents in the United States (*1,2*). For example, approximately 1 million adolescent girls become pregnant each year (*1*) and 86% of all STDs occur among persons aged 15–29 years (*3*). This article presents self-reported data from 1990 about the prevalence of sexual intercourse, contraceptive use, condom use, and STDs among U.S. high school students.

The national school-based Youth Risk Behavior Survey is a component of CDC's Youth Risk Behavior Surveillance System that periodically measures the prevalence of priority health-risk behaviors among youth through comparable national, state, and local surveys (*4*). A three-stage sample design was used to obtain a representative sample of 11,631 students in grades 9–12 in the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands. Students were asked if they had ever had sexual intercourse and if they had had sexual intercourse during the 3 months preceding the survey (i.e., currently sexually active). Students also were asked to identify the method, if any, they or their partner used to prevent pregnancy the last time they had sexual intercourse; if they had ever been told by a doctor or nurse that they had an STD; and if they or their partner used a condom to prevent STDs the last time they had sexual intercourse.

Of all students in grades 9–12, 54.2% reported ever having had sexual intercourse, 39.4% reported having had sexual intercourse during the 3 months preceding the survey (Table 1). Male students were significantly more likely than female students to ever have had sexual intercourse (60.8% and 48.0%, respectively) and to have had sexual intercourse during the 3 months preceding the survey (42.5% and 36.4%, respectively). Black students were significantly more likely than white or Hispanic students to ever have had sexual intercourse (72.3%, 51.6%, and 53.4%, respectively) and to have had sexual intercourse during the 3 months preceding the survey (53.9%, 38.0%, and 37.5%, respectively). The percentage of students ever having had sexual intercourse and having had sexual intercourse during the 3 months preceding the survey increased significantly by grade of student from 9th through 12th grade.

Among currently sexually active students, 77.7% of female and 77.8% of male students used contraception (birth control pills, condoms, withdrawal, or another method) during last sexual intercourse (Table 2). White female students (81.1%) were significantly more likely than black (71.4%) and Hispanic (62.6%) female students to have used contraception.

Four percent of all students reported having had an STD. Black students (8.4%) were significantly more likely to report having had an STD than white (3.1%) or Hispanic (3.5%) students. Among currently sexually active students, 49.4% of male students and 40.0% of female students reported that they or their partner used a condom during last sexual intercourse (Table 3).

Reported by: Div of Reproductive Health and Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

TABLE 1. Percentage of high school students reporting having had sexual intercourse,[*] by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1990[†]

	Ever had sexual intercourse					
	Female		Male		Total	
Category	%	(95% CI[§])	%	(95% CI)	%	(95% CI)
Race/Ethnicity						
White	47.0	(±2.4)	56.4	(±4.5)	51.6	(±2.9)
Black	60.0	(±5.4)	87.8	(±2.4)	72.3	(±3.7)
Hispanic	45.0	(±5.5)	63.0	(±5.5)	53.4	(±4.7)
Grade						
9th	31.9	(±4.1)	48.7	(±5.7)	39.6	(±4.5)
10th	42.9	(±5.5)	52.5	(±6.9)	47.6	(±4.9)
11th	52.7	(±5.7)	62.6	(±6.3)	57.3	(±5.5)
12th	66.6	(±3.9)	76.3	(±4.1)	71.9	(±3.1)
Total	**48.0**	(±2.7)	**60.8**	(±4.3)	**54.2**	(±2.9)

	Sexual intercourse during the 3 months preceding the survey					
	Female		Male		Total	
Category	%	(95% CI)	%	(95% CI)	%	(95% CI)
Race/Ethnicity						
White	37.1	(±2.3)	39.0	(±3.9)	38.0	(±2.5)
Black	42.3	(±5.1)	68.1	(±5.1)	53.9	(±4.7)
Hispanic	31.4	(±4.6)	44.6	(±5.3)	37.5	(±3.7)
Grade						
9th	20.8	(±2.7)	29.1	(±3.3)	24.7	(±2.5)
10th	32.4	(±4.7)	36.4	(±6.1)	34.3	(±4.5)
11th	41.3	(±5.7)	45.1	(±5.7)	43.1	(±4.9)
12th	52.7	(±3.7)	56.9	(±5.5)	55.0	(±3.7)
Total	**36.4**	(±2.1)	**42.5**	(±3.9)	**39.4**	(±2.7)

[*] Ever and during the 3 months preceding the survey.
[†] Unweighted sample size = 11,631 students.
[§] Confidence interval.

TABLE 2. Percentage of high school students[*] reporting contraceptive[†] use at last sexual intercourse, by sex and race/ethnicity — United States, Youth Risk Behavior Survey, 1990[§]

	Female		Male		Total	
Race/Ethnicity	%	(95% CI[¶])	%	(95% CI)	%	(95% CI)
White	81.1	(±2.7)	80.1	(±4.9)	80.6	(±3.1)
Black	71.4	(±6.7)	76.3	(±4.7)	74.3	(±4.3)
Hispanic	62.6	(±6.9)	69.1	(±5.9)	66.2	(±4.9)
Total	**77.7**	(±2.5)	**77.8**	(±3.7)	**77.7**	(±2.5)

[*] Among students reporting sexual intercourse during the 3 months preceding the survey.
[†] Contraceptive methods include birth control pills, condoms, withdrawal, or another method.
[§] Unweighted sample size = 11,631 students.
[¶] Confidence interval.

Editorial Note: National health objectives for the year 2000 include efforts to reduce the proportion of adolescents who have engaged in sexual intercourse to ≤15% by age 15 and ≤40% by age 17 (objectives 5.4, 18.3, and 19.9) and among sexually active, unmarried persons ≤19 years of age, increase to at least 90% the proportion who use contraception (objective 5.6) (*2*). To reach these objectives, the percentage of students who report ever having had sexual intercourse will have to be reduced substantially, and the percentage of sexually active students who use contraception will have to increase by 16%.

Two of the national health objectives are to increase the use of condoms to 60%–75% among sexually active, unmarried persons aged 15–19 years during last sexual intercourse (objectives 18.4a,b and 19.10a,b) (*2*). To reach these objectives, sexually active students must increase their use of condoms by 50%.

These changes in behavior will require interventions that integrate the efforts of parents, families, schools, religious organizations, health departments, community agencies, and the media. Education programs should provide adolescents with the knowledge, attitudes, and skills they need to refrain from sexual intercourse (*5*). For adolescents who are unwilling to refrain from sexual intercourse, programs should help to increase the use of contraceptives and condoms.

References

1. Hayes CD, ed. Risking the future: adolescent sexuality, pregnancy, and childbearing. Vol I. Washington, DC: National Academy Press, 1987.
2. Public Health Service. Healthy people 2000: national health promotion and disease prevention objectives – full report, with commentary. Washington, DC: US Department of Health and Human Services, Public Health Service, 1991; DHHS publication no. (PHS)91-50212.
3. CDC. Division of STD/HIV prevention annual report, 1990. Atlanta: US Department of Health and Human Services, Public Health Service, 1991.
4. Kolbe LJ. An epidemiological surveillance system to monitor the prevalence of youth behaviors that most affect health. Health Education 1990;21:44–8.
5. CDC. Premarital sexual experience among adolescent women – United States, 1970–1980. MMWR 1990;39:929–32.

TABLE 3. Percentage of high school students* reporting use of condoms during last sexual intercourse, by sex and race/ethnicity — United States, Youth Risk Behavior Survey, 1990†

	Female		Male		Total	
Race/Ethnicity	**%**	**(95% CI¶)**	**%**	**(95% CI)**	**%**	**(95% CI)**
White	41.7	(±3.3)	50.1	(±4.5)	45.9	(±3.1)
Black	36.7	(±7.8)	54.5	(±3.8)	47.1	(±4.9)
Hispanic	28.1	(±7.8)	46.8	(±6.5)	38.4	(±5.1)
Total	**40.0**	**(±3.0)**	**49.4**	**(±3.3)**	**44.9**	**(±2.5)**

*Among students reporting sexual intercourse during the 3 months preceding the survey.
†Unweighted sample size = 11,631 students.
¶Confidence interval.

MMWR January 17, 1992

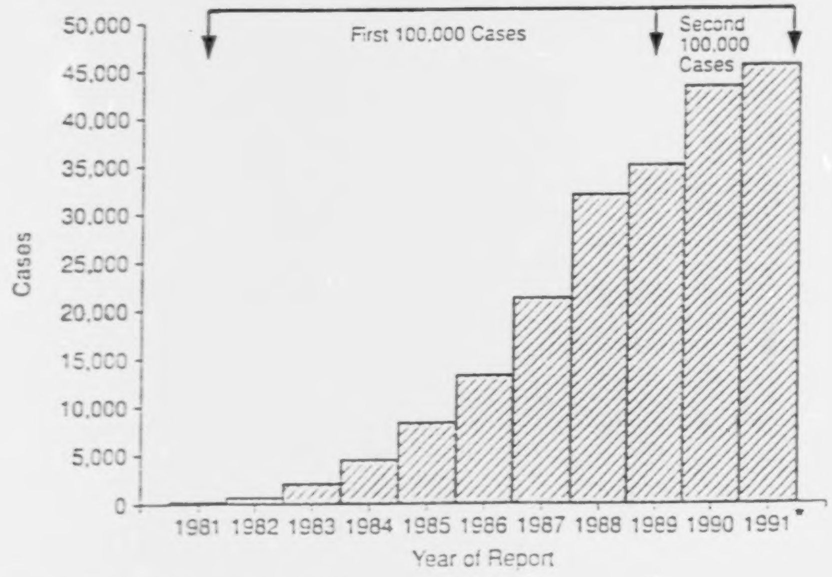
The Second 100,000 Cases of Acquired Immunodeficiency Syndrome — United States, June 1981–December 1991

The first cases of acquired immunodeficiency syndrome (AIDS) were reported in June 1981 (*1*). From 1981 through December 1987, 50,000 AIDS cases had been reported to CDC, and by August 1989, 100,000 cases had been reported (*2*). From September 1989 through November 1991, state and territorial health departments reported 100,000 additional cases. By December 31, 1991, a cumulative total of 206,392 cases had been reported (Figure 1), and the cumulative number of reported deaths associated with AIDS was 133,232. This report presents characteristics of the first and second 100,000 persons with AIDS.

Overall, most reported AIDS cases occurred among homosexual/bisexual men (i.e., men who reported sexual contact with other men) (59%) and injecting-drug users (IDUs) (22%). Of the first 100,000 reported AIDS cases, 61% occurred among homosexual/bisexual men with no history of IDU, and 20%, among female or heterosexual male IDUs. In comparison, of the second 100,000 reported cases, 55% occurred among homosexual/bisexual men with no history of IDU, and 24% occurred among female or heterosexual male IDUs.

The second 100,000 cases reflect an increasing proportion of persons with AIDS who have been reported to have had heterosexual exposure to persons at risk for human immunodeficiency virus (HIV) infection. Of the first 100,000 persons with AIDS, 5% were attributed to heterosexual transmission, compared with 7% among the second 100,000—a 44% increase. Of all AIDS cases among women, 34% were attributed to heterosexual transmission, and women accounted for 61% of all cases attributed to heterosexual transmission. Of the first 100,000 persons with AIDS, 9% were women, compared with 12% of the second 100,000 persons. The first 100,000

FIGURE 1. AIDS cases, by year of report — United States, 1981–1991



*Cases reported through December 1991.

Acquired Immunodeficiency Syndrome — Continued

persons with AIDS included 1683 children, of whom 81% were born to mothers with or at risk for HIV infection; the second 100,000 persons with AIDS included 1702 children, of whom 87% were born to mothers with or at risk for HIV infection.

A disproportionate number of AIDS cases continue to be reported among blacks and Hispanics. Of the first 100,000 reported cases, 27% occurred among blacks and 15% among Hispanics; of the second 100,000 reported cases, these proportions increased to 31% and 17% for blacks and Hispanics, respectively.

The proportion of AIDS cases related to transfusions as a mode of exposure declined in both adults (2.5% to 1.9%) and children (11% to 5.6%) from the first to the second 100,000 cases.

Reported by: Surveillance Br, Div of HIV/AIDS, National Center for Infectious Diseases, CDC.

Editorial Note: The cumulative total of more than 200,000 reported AIDS cases emphasizes the rapidly increasing magnitude of the HIV epidemic in the United States. The first 100,000 cases were reported during an 8-year period, whereas the second 100,000 cases were reported during a 2-year period.

The number and proportion of AIDS cases associated with heterosexual transmission of HIV has been increasing steadily. Factors associated with an increased risk for heterosexual transmission include multiple sex partners and the presence of other sexually transmitted diseases. In the United States, men and women who have unprotected sexual contact, particularly with partners known to have risks for HIV infection, are at increased risk for HIV infection. A recent analysis of expected trends in AIDS cases in the United States suggests that by 1995, the infection rate among nondrug-using heterosexual men and women may be associated with a doubling of AIDS cases acquired through heterosexual transmission (*3*).

Of the estimated 1 million HIV-infected persons in the United States, approximately 20% have developed AIDS. Approximately half of all persons who have been diagnosed with HIV infection and who have evidence of severe immunosuppression (i.e., CD4+ counts <200 cells/μL) meet the current AIDS surveillance case definition (*4*). Approximately 125,000 persons who do not have an AIDS-defining illness are estimated to have a CD4+ lymphocyte count <200 cells/μL (CDC, unpublished data). CDC has proposed expanding the AIDS surveillance case definition to facilitate more complete reporting of all persons with severe HIV-related immunosuppression and who are at the highest risk for developing serious illnesses or death* (*5*).

References

1. CDC. *Pneumocystis* pneumonia—Los Angeles. MMWR 1981;30:250–2.
2. CDC. First 100,000 cases of acquired immunodeficiency syndrome—United States. MMWR 1989;38:561–3.
3. Brookmeyer R. Reconstruction and future trends of the AIDS epidemic in the United States. Science 1991;253:37–42.
4. Farizo KM, Buehler JW, Berkelman RL. Leading non-AIDS defining systemic infections in HIV-infected persons [Abstract]. In: Program and abstracts of the 119th annual meeting of the American Public Health Association. Washington, DC: American Public Health Association, 1991:107.
5. CDC. Extension of public comment period for revision of HIV infection classification system and expansion of AIDS surveillance case definition. MMWR 1991;40:891.

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*The draft document is available for review from the National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231. Written comments on this draft document should be sent to the same address by February 14, 1992.

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The HIV/AIDS Epidemic: The First 10 Years

On June 5, 1981, the first cases of an illness subsequently defined as acquired immunodeficiency syndrome (AIDS) were reported by health-care providers in California and CDC (*1*). As of May 31, 1991, state and local health departments had reported to CDC 179,136 AIDS cases among persons of all ages in the United States. By the end of 1991, AIDS will be the second leading cause of death among men 25–44 years of age and is likely to be one of the five leading causes of death among women aged 15–44 years in the United States (*2*).

The World Health Organization estimates that 8–10 million adults and 1 million children worldwide are infected with human immunodeficiency virus (HIV), the etiologic agent of AIDS. By the year 2000, 40 million persons may be infected with HIV (*3*). More than 90% of these persons will reside in developing countries in sub-Saharan Africa, South and Southeast Asia, Latin America, and the Caribbean. In addition, during the 1990s, mothers or both parents of more than 10 million children will have died from HIV infection/AIDS.

AIDS will remain a major public health challenge worldwide in the 21st century. Education of all persons about AIDS to prevent transmission of HIV infection is critical to controlling this problem.

Reported by: Technical Information Activity, Div of HIV/AIDS, Center for Infectious Diseases, CDC.

References

1. CDC. *Pneumocystis* pneumonia—Los Angeles. MMWR 1981;30:250–2.
2. CDC. Mortality attributable to HIV infection/AIDS—United States, 1981–1990. MMWR 1991; 40:41–4.
3. World Health Organization. In point of fact. Geneva: World Health Organization, May 1991 (no. 74).

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p. 21-27 and 33

Epidemiologic Notes and Reports

Update: Transmission of HIV Infection during an Invasive Dental Procedure — Florida

Possible transmission of human immunodeficiency virus (HIV) infection during an invasive dental procedure was previously reported in a young woman (patient A) with acquired immunodeficiency syndrome (AIDS) (*1*). Patient A had no identified risk factor for HIV infection and was infected with a strain of HIV closely related to that of her dentist as determined by viral DNA sequencing. A follow-up investigation has identified four additional patients of the dentist who are infected with HIV. Laboratory and epidemiologic investigation has been completed on three of these patients (Table 1); two are infected with strains closely related to those of the dentist and patient A but not to strains from other persons residing in the same geographic area as the dental practice. The follow-up investigation included review of medical records of the dentist and interviews of former staff on the infection-control procedures of the dental practice. This report summarizes the findings of the investigation.*

Epidemiologic Investigation of the Dentist's Patients

Following the initial report (*1*), the dentist wrote an open letter to his former patients, which prompted 591 persons to be tested for HIV antibody at the Florida Department of Health and Rehabilitative Services (HRS) county public health units; two (patients B and C) were seropositive. In addition, one infected patient (patient D) was identified by HRS by matching the list of available names of the dentist's former patients with the state's AIDS surveillance records, and another (patient E) contacted CDC to report that she was HIV-infected and a former patient of this dentist. Although

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*Single copies of this article will be available free until January 18, 1992, from the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850; telephone (800) 458-5231.

TABLE 1. HIV-infected patients in a dentist's practice for whom DNA sequencing data are available and investigations are completed

Patient*	Sex	Identified risk factor	Clinical status	Dental visits	
				No.	Dates
A	Female	No	AIDS	6	Nov. 1987–Jun. 1989
B	Female	No	Asymptomatic CD4 >200–$<500/\text{mm}^3$	21	Dec. 1987–Jul. 1989
C	Male	Not confirmed	Asymptomatic CD4 $<200/\text{mm}^3$	14	Dec. 1984–May 1989
D	Male	Yes	AIDS	19	Jun. 1985–May 1989

*HIV DNA sequences for patients A, B, and C were similar to each other and to those of the dentist.

the exact number of patients in this dental practice is unknown, approximately 1100 additional persons who may have been patients of the dentist and who could be located have been contacted by HRS to offer counseling and HIV-antibody testing; of these persons, 141 have been tested, and all are seronegative.

Patient B is an elderly woman for whom no risk factor for HIV infection could be established. She did not report intravenous (IV)-drug use or sexual contact with persons at risk for HIV infection. Based on interviews and review of her medical records, she had no history of transfusion, receipt of blood products, or illness compatible with an acute retroviral syndrome. Serologic tests for syphilis and hepatitis B virus (HBV) were negative. The patient's spouse, to whom she has been married >25 years, tested negative for HIV antibody.

Patient C is a young man who has reported multiple heterosexual partners and a history of non–IV-drug use, including one hospitalization for toxicity caused by an illicit drug. Other risk factors for HIV infection were suggested by secondary sources but were not corroborated by the patient. He had no history of transfusion, receipt of blood products, or illness compatible with an acute retroviral syndrome; serologic tests for syphilis and HBV were negative. His wife and other female sexual contacts who were tested were HIV seronegative.

Patient D is a man with AIDS with established risk factors for HIV infection. Patient E is a woman with HIV infection whose epidemiologic and laboratory investigation has not yet been completed. All patients (A–E) denied sexual contact with the dentist, and they did not name each other as sex partners.

From 1984 through 1989, patients A, B, and C made numerous visits to this dentist (Table 1) for a variety of procedures: patient A – extractions, prophylaxis (cleaning), and cosmetic bonding; patient B – extractions, prophylaxis, periodontal scaling and root planing, and fixed and removable prosthodontics; and patient C – extractions, prophylaxis, periodontal scaling and root planing, and restorative fillings.

On two occasions, two of these three patients had appointments on the same day: in 1987, patient B was examined for a toothache the same day patient A had two maxillary third molars extracted; in 1989, patients B and C had prophylaxes performed on the same day. Neither the order nor the time of day of their appointments could be determined because appointment books could not be located; also, whether the dentist provided dental care for patients B and C during their appointments for prophylaxes is unknown.

To examine the likelihood that patients shared visit days, two conditional probabilities were calculated based on the number of visits made by each patient (six for patient A, 21 for patient B, and five for patient C) from November 1987 through the closure of the practice in July 1989[†]. These probabilities were calculated assuming visits occurred at random over the interval during days the dentist's office was open, without allowing multiple visits for the same patient on the same day. Given these assumptions, the probability of each of these patients having shared at least 1 day with another is 0.17; the probability of patients A and B having shared at least 1 day and patients B and C having shared at least 1 day is 0.13. These probabilities suggest that the shared visit days may have been chance events.

Laboratory Investigation

To determine the relatedness of the HIV strains from patients B, C, and D to those of the dentist and patient A, blood specimens were obtained from these patients and from eight HIV-infected persons (controls 1–8) randomly selected from two HIV clinics located within 90 miles of the dental practice. Six of the eight controls were men; the sex of the other two controls was not known. Most men in these clinics were either homosexual/bisexual or IV-drug users. Because the blood samples from the controls were collected anonymously, details of their sexual and dental histories were not available.

[†] The interval during which at least two of these HIV-infected persons (patients A, B, and C) were patients of this dentist.

Sequencing of the HIV proviral DNA present in these specimens was performed at CDC using previously described methods (*1–4*).[§] The sequences included an approximately 300-base-pair variable region (V3) and/or an approximately 350-base-pair region, consisting of variable regions (V4 and V5) and a constant region (C3), encoding the amino acids of gp120. From one to 25 molecular clones obtained from each specimen were sequenced.[¶]

In collaboration with Los Alamos National Laboratory, computer-based methods were used to analyze the relationships of HIV DNA sequences from the dentist, the four dental patients (A–D), and the eight control patients and from 21 other North American isolates (*5*). Because of the sequence variation between multiple molecular clones of HIV DNA obtained from the same person, consensus sequences were derived to represent the major viral strain present in each person. For four persons (the dentist, patients A and D, and one of the control patients), two consensus sequences were created to encompass the range of their HIV sequence variation.

Sequence variation can be depicted by tree analysis (*5*). The viruses of the dentist and patients A, B, and C are closely related in their V3 sequences (Figure 1), with an average difference of 3.4%. This degree of sequence relatedness has been reported only for multiple HIV strains obtained from a single person or for HIV strains from persons whose infections were epidemiologically linked (*3,4*). In contrast, the V3 sequences from the dentist and patients A, B, and C were not closely related to the viral sequences from patient D, seven control patients, and the 21 other North American isolates. Furthermore, the average viral sequence difference for patient D and seven control patients was approximately 13% (range: 8%–15%), suggesting that no particular HIV strain predominates in the geographic area in which the dentist practiced and indicating that no other instance of comparable viral sequence relatedness was identified.

In a separate analysis of a relatively conserved portion of the V4-C3-V5 region, including sequences from the eighth control, the viruses from the dentist and patients A, B, and C had an average difference of 1.8%, whereas the average difference of viruses from the local controls was 4.8%.

The low probability (p=0.006, Wilcoxon rank-sum statistic) that the HIV DNA sequences from patients A, B, and C would be closer by chance alone to the sequence from the dentist than to the sequences from the eight controls indicates that the viruses from patients A, B, and C are significantly more similar to the dentist's virus than to the viruses of the controls.

[§] HIV exhibits considerable genetic variability, particularly in the gene for its envelope glycoprotein (gp120), and analyses of DNA sequences of this gene can be used to determine the relations of viruses infecting different persons. Analyses of multiple molecular clones of HIV obtained from an infected person can also define the range of genetic variation in the virus infecting that person. Sequence differences are least for viral clones obtained from a single infected person, intermediate for viruses from persons whose infections are epidemiologically linked, and greatest for viruses from persons whose infections are epidemiologically unrelated (*5*).

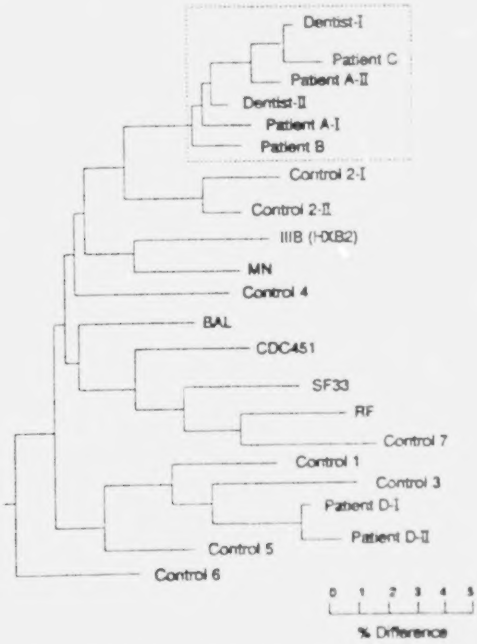
[¶] To assure that no laboratory error occurred, DNA sequences from patients B, C, and D encoding the human leukocyte antigen DQ α were amplified by the polymerase chain reaction. The lengths of the sequences from these specimens were distinct from each other and from the sequence lengths found for the dentist and patient A (*1*), confirming that each of the samples represented a different person. As an additional verification of the source of each set of DNA sequences, DNA oligonucleotides corresponding to short sequences unique to the HIV strains from each of these three persons were used as hybridization probes. The probes hybridized only with DNA from the person from whose virus the probe was derived.

In addition, the HIV strains of the dentist and patients A, B, and C shared a unique pattern (or "signature sequence") of amino acids encoded by V3 nucleotides. This pattern was absent in the other sequences analyzed. This signature sequence provides additional evidence for the close relation among the viruses from the dentist and the three patients.

Medical History of the Dentist

Review of the dentist's medical records revealed that he was diagnosed with symptomatic HIV infection in late 1986, and AIDS in September 1987. At the time of the AIDS diagnosis, his CD4 lymphocyte count was <200/mm^3; zidovudine therapy was begun, discontinued for a short period in late 1987, then restarted and continued until after the practice closed in 1989. In 1988, he received radiation therapy for Kaposi's sarcoma of the palate. He performed invasive procedures on patients A and B after he was diagnosed with AIDS, including the brief period when he was not receiving antiretroviral therapy, and on patient C both before and after he was

FIGURE 1. Tree analysis of V3 nucleotide sequences from the dentist; patients A, B, C, and D and seven local control patients* and from six North American HIV isolates (IIIB [HXB2], MN, BAL, CDC451, SF33, and RF)


Dentist-I
Patient C
Patient A-II
Dentist-II
Patient A-I
Patient B
Control 2-I
Control 2-II
IIIB (HXB2)
MN
Control 4
BAL
CDC451
SF33
RF
Control 7
Control 1
Control 3
Patient D-I
Patient D-II
Control 5
Control 6
0
1
2
3
4
5
% Difference

For the dentist, patients A and D, and control 2, alternate consensus sequences are indicated by Roman numerals (I and II). The horizontal branch lengths (see scale) indicate percent nucleotide differences calculated based on a total of 308 nucleotides from the V3 region. The percent difference between any two viruses can be determined by adding the horizontal branch lengths needed to connect the two. Vertical distances in the figure are for illustration purposes only. The dotted box indicates the cluster of closely related sequences present in the viruses from the dentist and patients A, B, and C. More distant North American HIV sequences are not shown.

*No V3 sequence was available for the remaining control patient.

diagnosed with symptomatic HIV infection. While the dentist was in practice, he had no record of peripheral neuropathy, dementia, thrombocytopenia or other bleeding disorder, hand dermatitis, or injury.

Investigation of the Dental Practice

The office employees of the dentist were interviewed regarding infection-control and other work practices of the dental office. Of the 14 employees, eight have been tested for HIV antibody; all were negative, including the dental hygienists who could have performed prophylaxes on patients A, B, and C. Interviews revealed that no written policy or training course on infection-control principles or practice was provided for staff by the dentist and that no office protocol existed for reporting or recording injuries, such as needlesticks or other percutaneous injuries involving sharp instruments or devices. Anesthetic needles were either recapped by the dentist using a two-handed technique** or left uncapped and recapped by the assistant using a two-handed technique on completion of the dental treatment procedure. One seronegative staff person recalled sustaining an injury while washing sharp instruments, but no other specific incidents were reported by the staff. In addition, neither patient B nor patient C recalled, nor did review of the dental records indicate, any specific incidents that would have exposed them to the dentist's blood (i.e., an injury to the dentist, such as a needlestick or cut with a sharp instrument); however, no injury log was kept. The dentist could not be interviewed before his death regarding his care of these patients.

Staff members reported that barrier precautions had been introduced into the practice by early 1987 and that all staff, including the dentist, wore latex gloves and surgical masks for patient-care activities. Staff reported that they changed gloves and washed their hands between most patient contacts; occasionally, however, they washed gloves rather than changed them between patient contacts. Masks reportedly were changed infrequently. Staff reported that the dentist's use of gloves and mask and handwashing practices were similar to their own. None of the staff reported a history of dermatitis.

Staff reported that by 1987 all surgical instruments were autoclaved. Nonsurgical heat-tolerant instruments (e.g., dental mirrors) were autoclaved when practice conditions, such as time and instrument supply, allowed or were immersed in a liquid chemical germicide for varying lengths of time. Tests of the autoclave in October 1990 demonstrated that it was functioning properly. Dental equipment, such as handpieces, prophylaxis angles, and air/water syringe tips, were not autoclaved but were either wiped with alcohol or immersed in a liquid chemical germicide at irregular intervals. Some disposable items (e.g., saliva ejectors, high-speed evacuation tubes, and prophylaxis cups) occasionally were reused after being immersed in a liquid chemical germicide for varying lengths of time. Germicides known to be available in the dental office were isopropyl alcohol and 2% glutaraldehyde. The dental practice had no written protocol or consistent pattern for operatory cleanup and instrument reprocessing.

Office staff also reported that the dentist occasionally received prophylactic treatment from the hygienists; at least one hygienist topically treated an oral lesion of the dentist on one occasion in 1987.

Reported by: JJ Witte, MD, Florida Dept of Health and Rehabilitative Svcs. Div of HIV/AIDS and Hospital Infections Program, Center for Infectious Diseases; Dental Disease Prevention Activity, Center for Prevention Svcs; National Institute for Occupational Safety and Health, CDC.

Editorial Note: Based on the following considerations, this investigation strongly

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**Needle-recapping procedure in which the syringe with exposed needle is held in one hand and the needle cap or sheath is held in the other hand.

suggests that at least three patients of a dentist with AIDS were infected with HIV during their dental care: 1) the three patients had no other confirmed exposures to HIV; 2) all three patients had invasive procedures performed by an HIV-infected dentist; and 3) DNA sequence analyses of the HIV strains from these three patients indicate a high degree of similarity of these strains to each other and to the strain that had infected the dentist—a finding consistent with previous instances in which cases have been linked epidemiologically (*3,4*). In addition, these strains are distinct from the HIV strains from patient D (who had known behavioral risks for HIV infection), from the strains of the eight HIV-infected persons residing in the same geographic area, and from the 21 other North American isolates.

Because the dentist had known behavioral risk factors for HIV, his infection was probably not occupationally acquired. The precise mode of HIV transmission to patients A, B, and C remains uncertain. All three patients had invasive dental procedures performed by the dentist at times when he was known to be HIV-infected, with patients B and C each having multiple invasive procedures. Multiple opportunities existed for the dentist to sustain needlestick injuries (e.g., during administration of local anesthetics, two-handed needle-recapping procedures, and suturing) or cuts with a sharp instrument, particularly in poorly visualized operative sites. Although barrier precautions were reportedly used, these techniques were not always consistent or in compliance with recommendations. Furthermore, barrier precautions do not prevent most sharps injuries (e.g., puncture or cut wounds); therefore, the occurrences of puncture or cut wounds during treatment may have allowed the dentist's blood to enter an open wound or contact mucous membranes of a patient directly. Objective assessment of sharps injuries, beyond self-reports by the staff and a previous report by the dentist, was not possible (*1*).

Patients A, B, and C had invasive dental procedures performed after the dentist's diagnosis of AIDS, and two of the patients did not receive dental care from this dentist until after he had been diagnosed with AIDS and had evidence of severe immunosuppression (i.e., CD4 lymphocyte count $<200/\text{mm}^3$). At this time, higher titers of virus may have been present in the dentist's blood and he may have been more likely to transmit virus than earlier in the course of his HIV disease (*6*).

Transmission might also have occurred by the use of instruments or other dental equipment that had been previously contaminated with blood from either the dentist or a patient already infected by the dentist. The office did not have a written policy for reprocessing dental instruments and equipment and reportedly did not consistently adhere to all recommended guidelines (*7–11*). However, this mode of transmission may be less likely than direct blood-blood transfer during an invasive procedure because HIV is present in blood at low concentrations, does not survive in the environment for extended periods, and has not demonstrated resistance to heat or to commonly used chemical germicides (*7*). The investigation suggested that the instances in which two of the three patients had appointments on the same day may have been chance occurrences. In addition, no invasive procedure was documented for patient B on the day both she and patient A visited the office, and the HIV status of patients A, B, and C is unknown for the days of their shared visits.

The precise risk for HIV transmission to patients during invasive procedures is not known but is most likely very low (*1*). Although AIDS has been recognized in the United States since 1981, the cases described here are the first in which such transmission has been reported.

Guidelines for prevention of transmission of HIV and other bloodborne pathogens in health-care settings have been published by CDC and others (*7–12*); these guidelines promote adherence to universal precautions, including prevention of blood contact between health-care workers and patients, and proper cleaning and sterilization or disinfection of instruments and other patient-care equipment.

CDC will convene a meeting in Atlanta on February 21–22 to review current information on risks of transmission of HIV and HBV to patients during invasive procedures and to assess the implications of these risks. Information regarding this meeting can be obtained from the meeting organizers, PACE Enterprises, at (404) 633-8610.

References

1. CDC. Possible transmission of human immunodeficiency virus to a patient during an invasive dental procedure. MMWR 1990;39:489–93.
2. Ou CY, Kwok S, Mitchell SW, et al. DNA amplification for direct detection of HIV-1 in DNA of peripheral blood mononuclear cells. Science 1988;239:295–7.
3. Burger H, Gibbs R, Nguyen PN, et al. HIV-1 transmission within a family: generation of viral heterogeneity correlates with duration of infection. In: Brown F, Chanock RM, Ginsberg HS, Lerner RA, eds. Vaccines 90: modern approaches to new vaccines including prevention of AIDS. Cold Spring Harbor, New York: Cold Spring Harbor Laboratory, 1990:255–62.
4. Balfe P, Simmonds P, Ludlam CA, Bishop JO, Brown AJL. Concurrent evolution of human immunodeficiency virus type 1 in patients infected from the same source: rate of sequence change and low frequency of inactivating mutations. J Virol 1990;64:6221–33.
5. Myers G, Rabson AB, Berzofsky JA, Smith TF, Wong-Staal F. Human retroviruses and AIDS, 1990. Los Alamos, New Mexico: Los Alamos National Laboratory, 1990.
6. Ho DD, Moudgil T, Alam M. Quantitation of human immunodeficiency virus type 1 in the blood of infected persons. N Engl J Med 1989;321:1621–5.
7. CDC. Recommendations for prevention of HIV transmission in health-care settings. MMWR 1987;36(no. 2S).
8. American Dental Association. Infection control recommendations for the dental office and the dental laboratory. J Am Dent Assoc 1988;116:241–8.
9. CDC. Recommended infection control practices for dentistry. MMWR 1986;35:237–42.
10. CDC. Guidelines for prevention of transmission of human immunodeficiency virus and hepatitis B virus to health-care and public safety workers. MMWR 1989;38(no. S-6).
11. CDC. Update: universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings. MMWR 1988;37:377–82,387–8.
12. Association for Practitioners in Infection Control/Society of Hospital Epidemiologists of America. Position paper: the HIV-infected healthcare worker. Infect Control Hosp Epidemiol 1990;11:647–55.

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APPENDIX C

CENTERS FOR DISEASE CONTROL

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MMWR

Supplement

MORBIDITY AND MORTALITY WEEKLY REPORT

Guidelines for Effective School Health Education To Prevent the Spread of AIDS

U.S. Department of Health and Human Services
Public Health Service
Centers for Disease Control
Center for Health Promotion and Education
Atlanta, Georgia 30333

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Centers for Disease Control .... James O. Mason, M.D., Dr.P.H.
Director
Gary R. Noble, M.D.
Deputy Director (AIDS)

The material in this report was developed (in collaboration with the Center for Infectious Diseases and the Center for Prevention Services) by:

Center for Health Promotion and Education .... Dennis D. Tolsma, M.P.H.
Director

Division of Health Education ....Marshall W. Kreuter, Ph.D.
Director

Office of School Health and Special Projects ....Lloyd J. Kolbe, Ph.D.
Chief
Jack T. Jones, M.P.H.
Program Director,
School Health Education To Prevent the Spread of AIDS

Educational Resources Branch ....Priscilla Holman, M.A.
Chief
Byron Breedlove, M.A.
Editorial Services

The production of this report as an *MMWR Supplement* was coordinated in:

Epidemiology Program Office ....Carl W. Tyler, Jr., M.D.
Director
Michael B. Gregg, M.D.
Editor, MMWR

Editorial Services .... R. Elliott Churchill, M.A.
Chief
Beverly Holland
Editorial Assistant

Guidelines for Effective School Health Education To Prevent the Spread of AIDS

Introduction

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV (*1-5*).

The guidelines below have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by the President in 1987 (see Appendix I).

The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection. These guidelines should not be construed as rules, but rather as a source of guidance. Although they specifically were developed to help **school personnel**, personnel from other organizations should consider these guidelines in planning and carrying out effective education about AIDS for youth who do **not** attend school and who may be at high risk of becoming infected. As they deliberate about the need for and content of AIDS education, educators, parents, and other concerned members of the community should consider the prevalence of behavior that increases the risk of HIV infection among young people in their communities. Information about the nature of the AIDS epidemic, and the extent to which young people engage in behavior that increases the risk of HIV infection, is presented in Appendix II.

Information contained in this document was developed by CDC in consultation with individuals appointed to represent the following organizations:

American Academy of Pediatrics
American Association of School Administrators
American Public Health Association
American School Health Association
Association for the Advancement of Health Education
Association of State and Territorial Health Officers
Council of Chief State School Officers
National Congress of Parents and Teachers
National Council of Churches

National Education Association
National School Boards Association
Society of State Directors of Health, Physical Education,
Recreation and Dance
U.S. Department of Education
U.S. Food and Drug Administration
U.S. Office of Disease Prevention and Health Promotion

Consultants included a director of health education for a state department of education, a director of curriculum and instruction for a local education department, a health education teacher, a director of school health programs for a local school district, a director of a state health department, a deputy director of a local health department, and an expert in child and adolescent development.

Planning and Implementing Effective School Health Education about AIDS

The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with parental and community values.

Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials. Many communities already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance the coordination of various activities within the comprehensive school health program (*6*).

AIDS education programs should be developed to address the needs and the developmental levels of students and of school-age youth who do not attend school, and to address specific needs of minorities, persons for whom English is not the primary language, and persons with visual or hearing impairments or other learning disabilities. Plans for addressing students' questions or concerns about AIDS at the early elementary grades, as well as for providing effective school health education about AIDS at each grade from late elementary/middle school through junior high/senior high school, including educational materials to be used, should be reviewed by representatives of the school board, appropriate school administrators, teachers, and parents before being implemented.

Education about AIDS may be most appropriate and effective when carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behavior and health (7-9). For example, education about AIDS may be more effective when students at appropriate ages are more knowledgeable about sexually transmitted diseases, drug abuse, and community health. It may also have greater impact when they have opportunities to develop such qualities as decision-making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as rapidly as possible, even if it is taught initially as a separate subject.

State departments of education and health should work together to help local departments of education and health throughout the state collaboratively accomplish effective school health education about AIDS. Although all schools in a state should provide effective education about AIDS, priority should be given to areas with the highest reported incidence of AIDS cases.

Preparation of Education Personnel

A team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counselors, and other relevant school personnel should receive general training about a) the nature of the AIDS epidemic and means of controlling its spread, b) the role of the school in providing education to prevent transmission of HIV, c) methods and materials to accomplish effective programs of school health education about AIDS, and d) school policies for students and staff who may be infected. In addition, a team of school personnel responsible for teaching about AIDS should receive more specific training about AIDS education. All school personnel, especially those who teach about AIDS, periodically should receive continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available. State and local departments of education and health, as well as colleges of education, should assure that such in-service training is made available to all schools in the state as soon as possible and that continuing in-service and pre-service training is subsequently provided. The local school board should assure that release time is provided to enable school personnel to receive such in-service training.

Programs Taught by Qualified Teachers

In the elementary grades, students generally have one regular classroom teacher. In these grades, education about AIDS should be provided by the regular classroom teacher because that person ideally should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary health education methods and materials. In addition, the elementary teacher usually is sensitive to normal variations in child development and aptitudes within a class. In the secondary grades, students generally have a different teacher for each subject. In these grades, the secondary school health education teacher preferably should provide education about AIDS, because a qualified health education teacher will have training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary school health education methods and materials (including methods and materials for teaching about such topics as human sexuality, communicable diseases, and drug abuse). In secondary schools that do not have a qualified health education teacher, faculty with similar training and good rapport with students should be trained specifically to provide effective AIDS education.

Purpose of Effective Education about AIDS

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who **have not** engaged in sexual intercourse and who **have not** used illicit drugs to continue to—

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who **have** engaged in sexual intercourse or who **have** injected illicit drugs, school programs should enable and encourage them to—

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- To stop using or injecting illicit drugs

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;
- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;
- Seeking HIV counseling and testing if HIV infection is suspected.

State and local education and health agencies should work together to assess the prevalence of these types of risk behavior, and their determinants, over time.

Content

Although information about the biology of the AIDS virus, the signs and symptoms of AIDS, and the social and economic costs of the epidemic might be of interest, such information is not the essential knowledge that students must acquire in order to prevent becoming infected with HIV. Similarly, a single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected.

Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Because essential information for students at higher grades requires an understanding of information essential for students at lower grades, secondary school personnel will need to assure that students understand basic concepts before teaching more advanced information. Schools simultaneously should assure that students have opportunitites to learn about emotional and social factors that influence types of behavior associated with HIV transmission.

Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.

AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.

Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information.

Viruses are living organisms too small to be seen by the unaided eye.

Viruses can be transmitted from an infected person to an uninfected person through various means.

Some viruses cause disease among people.

Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.

AIDS (an abbreviation for acquired immunodeficiency syndrome) is caused by a virus that weakens the ability of infected individuals to fight off disease.

People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally do not get.

About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with the AIDS virus and consequently are capable of infecting others.

People who are infected with the AIDS virus live in every state in the United States and in most other countries of the world. Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.

The AIDS virus can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

It sometimes takes several years after becoming infected with the AIDS virus before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.

Most infected people who develop symptoms of AIDS only live about 2 years after their symptoms are diagnosed.

The AIDS virus cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.

Junior High/Senior High School

Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information.

The virus that causes AIDS, and other health problems, is called human immunodeficiency virus, or HIV.

The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.

Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.

HIV may be transmitted in any of the following ways: a) by sexual contact with an infected person (penis/vagina, penis/rectum, mouth/vagina, mouth/penis, mouth/rectum); b) by using needles or other injection equipment that an infected person has used; c) from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of *infection; b) males who have had sexual intercourse with other males; c) persons who have injected illegal drugs; d) persons who have had numerous sexual partners, including male or female prostitutes; e) persons who received blood clotting products before 1985; f) sex partners of infected persons or persons at increased risk; and g) infants born to infected mothers.*

The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted the AIDS virus (as identified previously), practicing sexual behavior that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.

Although no transmission from deep, open-mouth (i.e., "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva.

In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.

Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. The latex condom must be applied properly and used from start to finish for every sexual act. Although a latex condom does not provide 100% protection—because it is possible for the condom to leak, break, or slip off—it provides the best protection for people who do not maintain a mutually monogamous relationship with an uninfected partner. Additional protection may be obtained by using spermicides that seem active against HIV and other sexually transmitted organisms in conjunction with condoms.

Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia *infection, gonorrhea, herpes, human papillomavirus, and syphilis.*

Persons who believe they may be infected with the AIDS virus should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons ***are not*** *infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons* ***are*** *infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counseling and testing; c) take precautions against becoming pregnant; and d) seek medical care* *and counseling about other medical problems that may result from a weakened immunologic system.*

More detailed information about AIDS, including information about how to obtain counseling and testing for HIV, can be obtained by telephoning the AIDS National Hotline (toll free) at 800-342-2437; the Sexually Transmitted Diseases National Hotline (toll free) at 800-227-8922; or the appropriate state or local health department (the telephone number of which can be obtained by calling the local information operator).

Curriculum Time and Resources

Schools should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at each grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

Program Assessment

The criteria recommended in the foregoing "Guidelines for Effective School Health Education To Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below. Personnel in state departments of education and health also can use these criteria to monitor the extent to which schools in the state are providing effective health education about AIDS.

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
2. To what extent is the program included as an important part of a more comprehensive school health education program?
3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors—especially those who teach about AIDS?

8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

References

1. US Public Health Service. Coolfont report: a PHS plan for prevention and control of AIDS and the AIDS virus. Public Health Rep 1986;101:341.
2. Institute of Medicine. National Academy of Sciences. Confronting AIDS: directions for public health, health care, and research. Washington, DC: National Academy Press, 1986.
3. US Department of Health and Human Services, Public Health Service. Surgeon General's report on acquired immune deficiency syndrome. Washington, DC: US Department of Health and Human Services, 1986.
4. US Public Health Service. AIDS: information/education plan to prevent and control AIDS in the United States, March 1987. Washington, DC: US Department of Health and Human Services, 1987.
5. US Department of Education. AIDS and the education of our children, a guide for parents and teachers, Washington, DC: US Department of Education, 1987.
6. Kolbe LJ, Iverson DC. Integrating school and community efforts to promote health: strategies, policies, and methods. Int J Health Educ 1983;2:40-47.
7. Noak M. Recommendations for school health education. Denver: Education Commission of the States, 1982.
8. Comprehensive school health education as defined by the national professional school health education organizations. J Sch Health 1984;54:312-315.
9. Allensworth D, Kolbe L (eds). The comprehensive school health program: exploring an expanded concept. J Sch Health 1987;57:402-76.

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Appendix I

The President's Domestic Policy Council's Principles for AIDS Education

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

> Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive Federal effort in AIDS education.
>
> The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
>
> The Federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
>
> Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
>
> Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex and should be used with the consent and involvement of parents.

Appendix II

The Extent of AIDS and Indicators of Adolescent Risk

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Although in 1985, fewer than 60% of AIDS cases in the United States were reported among persons residing outside New York City and San Francisco, by 1991 more than 80% of the cases will be reported from other localities (*1*).

It has been estimated that from 1 to 1.5 million persons in the United States are infected with HIV (*1*), and, because there is no cure, infected persons are potentially capable of infecting others indefinitely. It has been predicted that 20%-30% of individuals currently infected will develop AIDS by the end of 1991 (*1*). Fifty percent of those diagnosed as having AIDS have not survived for more than about 1.5 years beyond diagnosis, and only about 12% have survived for more than 3 years (*2*).

By the end of 1987, about 50,000 persons in the United States had been diagnosed as having AIDS, and about 28,000 had died from the disease (*2*). Blacks and Hispanics, who make up about 12% and 6% of the U.S. population, respectively, disproportionately have contracted 25% and 14% of all reported AIDS cases (*3*). It has been estimated that during 1991, 74,000 cases of AIDS will be diagnosed, and 54,000 persons will die from the disease. By the end of that year, the total number of deaths caused by AIDS will be about 179,000 (*1*). In addition, health care and supportive services for the 145,000 persons projected to be living with AIDS in that year will cost our Nation an estimated $8-$10 billion in 1991 alone (*1*). The World Health Organization projects that by 1991, 50-100 million persons may be infected worldwide (*4*). The magnitude and seriousness of this epidemic requires a systematic and concerted response from almost every institution in our society.

A vaccine to prevent transmission of the virus is not expected to be developed before the next decade, and its use would not affect the number of persons already infected by that time. A safe and effective antiviral agent to treat those infected is not expected to be available for general use within the next several years. The Centers for Disease Control (*5*), the National Academy of Sciences (*6*), the Surgeon General of the United States (*7*), and the U.S. Department of Education (*8*) have noted that in the absence of a vaccine or therapy, educating individuals about actions they can take to protect themselves from becoming infected is the most effective means available for controlling the epidemic. Because the virus is transmitted almost exclusively as a result of behavior individuals can modify (e.g., by having sexual contact with an infected person or by sharing intravenous drug paraphernalia with an infected person), educational programs designed to influence relevant types of behavior can be effective in controlling the epidemic.

A significant number of teenagers engage in behavior that increases their risk of becoming infected with HIV. The percentage of metropolitan teenage girls who had ever had sexual intercourse increased from 30%-45% between 1971 and 1982. The average age at first intercourse for females remained at approximately 16.2 years between 1971 and 1979 (*9*). The average proportion of never-married teenagers who have ever had intercourse increases with age from 14 through 19 years. In 1982, the percentage of never-married girls who reported having engaged in sexual intercourse was as follows: approximately 6% among 14-year-olds (*10*), 18% among 15-year-olds, 29% among 16-year-olds, 40% among 17-year-olds, 54% among 18-year-olds, and 66% among 19-year-olds (*11*). Among never-married boys living in metropolitan areas, the percentage who reported having engaged in sexual intercourse was as follows: 24% among 14-year-olds, 35% among 15-year-olds, 45% among 16-year olds, 56% among 17-year-olds, 66% among 18-year olds, and 78% among 19-year olds (*9,12*). Rates of sexual experience (e.g., percentage having had intercourse) are higher for black teenagers than for white teenagers at every age and for both sexes (*11,12*).

Male homosexual intercourse is an important risk factor for HIV infection. In one survey conducted in 1973, 5% of 13- to 15-year-old boys and 17% of 16- to 19-year-old boys reported having had at least one homosexual experience. Of those who reported having had such an experience, most (56%) indicated that the first homosexual experience had occurred when they were 11 or 12 years old. Two percent reported that they currently engaged in homosexual activity (*13*).

Another indicator of high-risk behavior among teenagers is the number of cases of sexually transmitted diseases they contract. Approximately 2.5 million teenagers are affected with a sexually transmitted disease each year (*14*).

Some teenagers also are at risk of becoming infected with HIV through illicit intravenous drug use. Findings from a national survey conducted in 1986 of nearly 130 high schools indicated that although overall illicit drug use seems to be declining slowly among high school seniors, about 1% of seniors reported having used heroin and 13% reported having used cocaine within the previous year (*15*). The number of seniors who injected each of these drugs is not known.

Only 1% of all the persons diagnosed as having AIDS have been under age 20 (*2*); most persons in this group had been infected by transfusion or perinatal transmission. However, about 21% of all the persons diagnosed as having AIDS have been 20-29 years of age. Given the long incubation period between HIV infection and symptoms that lead to AIDS diagnosis (3 to 5 years or more), some fraction of those in the 20- to 29-year-age group diagnosed as having AIDS were probably infected while they were still teenagers.

Among military recruits screened in the period October 1985-December 1986, the HIV seroprevalence rate for persons 17-20 years of age (0.6/1,000) was about half the rate for recruits in all age groups (1.5/1,000) (*16*). These data have lead some to conclude that teenagers and young adults have an appreciable risk of infection and that the risk may be relatively constant and cumulative (*17*).

Reducing the risk of HIV infection among teenagers is important not only for their well-being but also for the children they might produce. The birth rate for U.S. teenagers is among the highest in the developed world (*18*); in 1984, this group accounted for more than 1 million pregnancies. During that year the rate of pregnancy among sexually active teenage girls 15-19 years of age was 233/1,000 girls (*19*).

Although teenagers are at risk of becoming infected with and transmitting the AIDS virus as they become sexually active, studies have shown that they do not believe they are likely to become infected (*20,21*). Indeed, a random sample of 860 teenagers (ages 16-19) in Massachusetts revealed that, although 70% reported they were sexually active (having sexual intercourse or other sexual contact), only 15% of this group reported changing their sexual behavior because of concern about contracting AIDS. Only 20% of those who changed their behavior selected effective methods such as abstinence or use of condoms (*20*). Most teenagers indicated that they want more information about AIDS (*20,21*).

Most adult Americans recognize the early age at which youth need to be advised about how to protect themselves from becoming infected with HIV and recognize that the schools can play an important role in providing such education. When asked in a November 1986 nationwide poll whether children should be taught about AIDS in school, 83% of Americans agreed, 10% disagreed, and 7% were not sure (*22*). According to information gathered by the United States Conference of Mayors in December of 1986, 40 of the Nation's 73 largest school districts were providing education about AIDS, and 24 more were planning such education (*23*). Of the districts that offered AIDS education, 63% provided it in 7th grade, 60% provided it in 9th grade, and 90% provided it in 10th grade. Ninety-eight percent provided medical facts about AIDS, 78% mentioned abstinence as a means of avoiding infection, and 70% addressed the issues of avoiding high-risk sexual activities, selecting sexual partners, and using condoms. Data collected by the National Association of State Boards of Education in the summer of 1987 indicated that a) 15 states had mandated comprehensive school health education; eight had mandated AIDS education; b) 12 had legislation pending on AIDS education, and six had state board of education actions pending; c) 17 had developed curricula for AIDS education, and seven more were developing such materials; and d) 40 had developed policies on admitting students with AIDS to school (*24*).

The Nation's system of public and private schools has a strategic role to play in assuring that young people understand the nature of the epidemic they face and the specific actions they can take to protect themselves from becoming infected—especially during their adolescence and young adulthood. In 1984, 98% of 14 and 15 year-olds, 92% of 16 and 17 year-olds, and 50% of 18 and 19 year-olds were in school (*25*). In that same year, about 615,000 14- to 17-year-olds and 1.1 million 18- to 19-year-olds were not enrolled in school and had not completed high school (*26*).

References

1. US Public Health Service. Coolfont report: a PHS plan for prevention and control of AIDS and the AIDS virus. Public Health Rep 1986;101:341.
2. CDC. Acquired immunodeficiency syndrome (AIDS) weekly surveillance report—United States. Cases reported to CDC. December 28, 1987.
3. CDC. Acquired immunodeficiency syndrome (AIDS) among blacks and Hispanics—United States. MMWR 1986;35:655-8, 663-6.
4. World Health Organization. Special program on AIDS: strategies and structure projected needs. Geneva: World Health Organization, 1987.
5. CDC. Results of a Gallup Poll on acquired immunodeficiency syndrome—New York City, United States. MMWR 1985;34:513-4.
6. Institute of Medicine. National Academy of Sciences. Confronting AIDS: directions for public health, health care, and research. Washington, DC: National Academy Press, 1986.
7. US Department of Health and Human Services, Public Health Service. Surgeon General's report on acquired immune deficiency syndrome. Washington, DC: US Department of Health and Human Services, 1986.
8. US Department of Education. AIDS and the education of our children, a guide for parents and teachers. Washington, DC: US Department of Education, 1987.
9. Zelnick M, Kantner JF. Sexual activity, contraceptive use, and pregnancy among metropolitan-area teenagers: 1971-1979. Fam Plann Perspect 1980;12:230-7.
10. Hofferth SL, Kahn J, Baldwin W. Premarital sexual activity among United States teenage women over the past three decades. Fam Plann Perspect 1987;19:46-53.
11. Pratt WF, Mosher WD, Bachrach CA, et al. Understanding US fertility: findings from the National Survey of Family Growth, cycle III. Popul Bull 1984;39:1-42.
12. Teenage pregnancy: the problem that hasn't gone away. Tables and References. New York: The Alan Guttmacher Institute. June 1981.
13. Sorensen RC. Adolescent sexuality in contemporary America. New York, World Publishing, 1973.
14. Division of Sexually Transmitted Diseases, Annual Report, FY 1986. Center for Prevention Services, Centers for Disease Control, US Public Health Service, 1987.
15. Johnston LD, Bachman JG, O'Malley PM. Drug use among American high school students, college, and other young adults: national trends through 1986. Rockville, Md: National Institute on Drug Abuse, 1987.
16. CDC. Trends in human immunodeficiency virus infection among civilian applicants for military service—United States, October 1985-December 1986. MMWR 1987;36:273-6.
17. Burke DS, Brundage JF, Herbold JR, et al. Human immunodeficiency virus infections among civilian applicants for United States military service, October 1985 to March 1986. N Engl J Med 1987;317:131-6.
18. Jones EF, Forrest JD, Goldman N, et al. Teenage pregnancy in developed countries: determinants and policy implications. Fam Plann Perspect 1985;17:53-63.
19. National Research Council. Risking the future: adolescent sexuality, pregnancy, and child-bearing (vol. 1). Washington, DC: National Academy Press, 1987.
20. Strunin L, Hingson R. Acquired immunodeficiency syndrome and adolescents: knowledge, beliefs, attitudes, and behaviors. Pediatrics 1987;79:825-8.

21. DiClemente RJ, Zorn J, Temoshok L. Adolescents and AIDS: a survey of knowledge, attitudes, and beliefs about AIDS in San Francisco. Am J Public Health 1986;76:1443-5.
22. Yankelovich Clancy Shulman. Memorandum to all data users from Hal Quinley about Time/Yankelovich Clancy Shulman Poll findings on sex education, November 17, 1986. New York City: Yankelovich Clancy Shulman, 1986.
23. United States Conference of Mayors. Local school districts active in AIDS education. AIDS Information Exchange 1987;4:1-10.
24. Cashman J. Personal communication on September 8, 1987, about the National Association of State Boards of Education survey of state AIDS-related policies and legislation. Washington, DC: National Association of State Boards of Education.
25. US Department of Commerce, Bureau of the Census. Statistical abstract of the United States, 105th ed. Washington, DC: US Department of Commerce, 1985.
26. US Department of Commerce, Bureau of the Census. School enrollment—social and economic characteristics of students: October 1984. Current Population Reports. Washington, DC: US Department of Commerce, 1985 (Series P-20, No. 404).

Additional copies may be requested from the National AIDS Information Clearinghouse, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" P.O. Box 6003 Rockville, Maryland 20850.

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MORBIDITY AND MORTALITY WEEKLY REPORT

Perspectives in Disease Prevention and Health Promotion

Condoms for Prevention of Sexually Transmitted Diseases*

Introduction

Prevention is the most effective strategy for controlling the spread of infectious diseases. Prevention through avoiding exposure is the best strategy for controlling the spread of sexually transmitted disease (STD). Behavior that eliminates or reduces the risk of one STD will likely reduce the risk of all STDs. Prevention of one case of STD can result in the prevention of many subsequent cases. Abstinence and sexual intercourse with one mutually faithful uninfected partner are the only totally effective prevention strategies. Proper use of condoms with each act of sexual intercourse can reduce, but not eliminate, risk of STD. Individuals likely to become infected or known to be infected with human immunodeficiency virus (HIV) should be aware that condom use cannot completely eliminate the risk of transmission to themselves or to others.

Efficacy

For the wearer, condoms provide a mechanical barrier that should reduce the risk of infections acquired through penile exposure to infectious cervical, vaginal, vulvar, or rectal secretions or lesions. For the wearer's partner, proper use of condoms should prevent semen deposition, contact with urethral discharge, and exposure to lesions on the head or shaft of the penis. For infectious agents spread from lesions rather than fluids, condoms may offer less protection because areas of skin not covered by the condom may be infectious or vulnerable to infection.

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*This summary includes data presented at a conference entitled "Condom in the Prevention of Sexually Transmitted Diseases" sponsored by the American Social Health Association, Family Health International, and the Centers for Disease Control and held in Atlanta, Georgia, February 20-21, 1987. The following consultants assisted in the formulation of these data and strategies: J. Cohen, Ph.D., M. Conant, M.D., University of California; L. Pappas, San Francisco AIDS Foundation, San Francisco, California; F. Judson, M.D., Disease Control Service and University of Colorado, Denver, Colorado; J. Graves, M. Rosenberg, M.D., American Social Health Association; M. Potts, M.D., Family Health International, Research Triangle Park, North Carolina; P. Harvey, Population Services International, Washington DC; L. Liskin, Johns Hopkins University, Baltimore, Maryland; M. Solomon, Solomon Associates, Sudbury, Maine.

Laboratory and epidemiologic studies provided information about the effectiveness of condoms in preventing STD. Laboratory tests have shown latex condoms to be effective mechanical barriers to HIV (1) herpes simplex virus (HSV) (2-4), cytomegalovirus (CMV) (5), hepatitis B virus (HBV) (6), chlamydia trachomatis (2), and Neisseria gonorrhoeae (4). Latex condoms blocked passage of HBV and HIV in laboratory studies, but natural membrane condoms (made from lamb cecum), which contain small pores, did not (6-8). The experimental conditions employed in these studies may be more extreme than those encountered in actual use; however, they suggest that latex condoms afford greater protection against viral STD than do natural membrane condoms.

The actual effectiveness of condom use in STD prevention is more difficult to assess. It is difficult to determine if a user has been exposed to an infected partner or whether the condom was correctly used. However, several cross-sectional and case-control studies have shown that condom users and/or their partners have a lower frequency of gonorrhea, ureaplasma infection, pelvic inflammatory disease, and cervical cancer than persons who do not use condoms (9). Consistent previous condom use was associated with seronegativity during the 1- to 3-year follow-up period in a recent study of HIV antibody-negative heterosexual spouses of patients with acquired immunodeficiency syndrome (AIDS) (10). Another recent investigation of prostitutes in Zaire has also suggested a protective association between a history of condom use and HIV seronegativity (11).

Condoms are not always effective in preventing STD. Failure of condoms to protect against STD is probably explained by user failure more often than by product failure. User failure includes failure to: 1) use a condom with each act of sexual intercourse, 2) put the condom on before any genital contact occurs, and 3) completely unroll the condom. Other user behaviors that may contribute to condom breakage include: inadequate lubrication, use of oil-based lubricants that weaken latex, and inadequate space at the tip of the condom. Product failure refers to condom breakage or leakage due to deterioration or poor manufacturing quality. Deterioration may result from age or improper postmanufacturing storage conditions. No scientific data on the frequency or causes of condom breakage are available. Likewise, no data are available comparing the susceptibility to breakage of condoms of various sizes, thickness, or types, i.e., natural versus latex, lubricated versus nonlubricated, or ribbed versus smooth. Experimental methods need to be developed to test the factors associated with breakage. Such information is necessary to provide users with accurate instructions on proper condom use.

Quality Assurance

Since 1976, condoms have been regulated under the Medical Device Amendments to the Federal Food, Drug, and Cosmetic Act. Within the Food and Drug Administration (FDA), the Center for Devices and Radiological Health is responsible for assuring the safety and effectiveness of condoms as medical devices. Beginning in the spring of 1987, FDA undertook an expanded program to inspect latex condom manufacturers, repackagers, and importers to evaluate their quality control and testing procedures. In its testing of condoms, FDA uses a water-leak test in which a condom is filled with 300 ml of water and checked for leaks. The FDA has also adapted its inspection sampling criteria to conform with the American Society for Testing and Materials Standard D3492-83 for latex condoms. FDA criteria and the industry acceptable quality level (AQL) for condoms specify that, in any given batch, the failure rate due to water leakage cannot exceed four condoms per thousand. Batches exceeding the specified rejection criteria are recalled or barred from sale. Among batches of condoms that have met the AQL, the average failure rate observed was 2.3/1,000.

As of February 1988, FDA had examined samples from 430 batches of domestically produced and foreign-made condoms. These examinations have resulted in the testing of over 102,000 condoms. In FDA's sampling methodology, the sample size is determined by the size of the batch of condoms introduced into the market, the inspection level, and the AQL. Approximately 38,000 domestically produced condoms from 165 different batches of condoms were tested. Nineteen of those batches (approximately 12%) had leakage rates of over 4/1,000 and failed the test. By contrast, approximately 21% of the 265 foreign-manufactured batches failed to meet AQL standards. Thus far, as a result of both FDA's sampling program and the manufacturers' quality assurance programs, four domestic manufacturers have conducted 16 condom recalls.

FDA samples foreign-made condoms before they are passed through U.S. customs. If two or more of a given foreign manufacturer's batches offered for import are found to have leakage rates of more than 4/1,000, future shipments from that manufacturer are automatically detained at the port of entry. Seven foreign firms are presently on this automatic detention list. FDA also has the authority to seize any lot that is found to be violate if the manufacturer or importer does not take appropriate action.

Use of Spermicides with Condoms

The active ingredients (surfactants) in commercially available spermicides have been shown in the laboratory to inactivate sexually transmitted agents, including HIV (9,12,13). Vaginal use of spermicides is associated with a lower risk of gonorrhea and chlamydial infection in epidemiologic studies of women (9,14). The use of spermicide-containing condoms may provide additional protection against STD in the event of condom leakage or seepage. However, the spermicidal barrier would no longer be in place if the condom breaks. If extra protection is desired, vaginal application of spermicide is likely to afford greater protection than the use of spermicide in the condom because a larger volume of spermicide would already be in place in the event of condom breakage. Neither the safety nor the efficacy of spermicides in preventing sexually transmitted infections of the anal canal or oropharynx has been studied.

Prevalence of Use

Recent studies suggest that condom use for STD prevention is increasing in selected populations but is still infrequent. In 1985, a sample of New York City male homosexuals reported a significant increase in condom use with both insertive and receptive anal intercourse after the respondents became aware of AIDS (15). In the year before learning of AIDS, the men used condoms an average of 1% of the time when engaging in insertive anal intercourse; in the ensuing year, 20% of respondents reported consistent condom use. In 1984, 39% of the men in a prospective study in San Francisco reported having anal intercourse; 26% of these men used condoms (16). In April 1987, 19% of the San Francisco respondents reported anal intercourse; 79% used condoms. The trend in condom use for STD prevention among heterosexual men and women are unknown. In a 1986-87 survey of female prostitutes in the United States, 4% reported condom use with each vaginal exposure (17).

Proper Selection and Use

The Public Health Service has previously made recommendations on reducing the risk of HIV infection through consistent use of condoms (18). Additional recommendations include a guideline for manufacturers published by FDA that recommends proper labeling of condoms to include adequate instructions for use (Center for Devices and Radiological Health, FDA; Letter to all U.S. condom manufacturers, importers, and repackagers, April 7, 1987). Users can increase the efficacy of condoms in preventing infection by using a condom properly from start to finish during every sexual exposure. It is unknown whether brands of condoms with increased thickness offer any more protection for anal or vaginal intercourse than thinner brands. Even with a condom, anal intercourse between an infected individual and a uninfected partner poses a risk of transmitting HIV and other sexually transmitted infections because condoms may break.

The following recommendations for proper use of condoms to reduce the transmission of STD are based on current information:

1. Latex condoms should be used because they offer greater protection against viral STD than natural membrane condoms (7).
2. Condoms in damaged packages or those that show obvious signs of age (e.g., those that are brittle, sticky, or discolored) should not be used. They cannot be relied upon to prevent infection.
4. Condoms should be handled with care to prevent puncture.
5. The condom should be put on before any genital contact to prevent exposure to fluids that may contain infectious agents. Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip to collect semen, yet assuring that no air is trapped in the tip of the condom.
6. Adequate lubrication should be used. If exogenous lubrication is needed, only water-based lubricants should be used. Petroleum- or oil-based lubricants (such as petroleum jelly, cooking oils, shortening, and lotions) should not be used since they weaken the latex.
7. Use of condoms containing spermicides may provide some additional protection against STD. However, vaginal use of spermicides along with condoms is likely to provide greater protection.
8. If a condom breaks, it should be replaced immediately. If ejaculation occurs after condom breakage, the immediate use of spermicide has been suggested (19). However, the protective value of postejaculation application of spermicide in reducing the risk of STD transmission is unknown.

9. After ejaculation, care should be taken so that the condom does not slip off the penis before withdrawal; the base of the condom should be held while withdrawing. The penis should be withdrawn while still erect.
10. Condoms should never be reused.

Condoms should be made more widely available through health-care providers who offer services to sexually active men and women, particularly in STD clinics, family planning clinics, and drug-treatment centers. These same facilities should become more assertive in counseling patients on STD prevention. Recommendations for prevention of STD, including HIV infection, should emphasize that risk of infection is most effectively reduced through abstinence or sexual intercourse with a mutually faithful uninfected partner. Condoms do not provide absolute protection from any infection, but if properly used, they should reduce the risk of infection.

Reported by: Center for Devices and Radiological Health, Food and Drug Administration. Division of Sexually Transmitted Diseases, Center for Prevention Services; AIDS Program, Center for Infectious Diseases, Center for Disease Control.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Prekindergarten-GRADE 3

Developmental Characteristics of Students

Students are likely to be:

- egocentric
- developing new independence from parents and gradually orienting toward peers
- able to relate to their own bodies and be curious about body parts
- highly competitive and capable of unkindness to each other
- able to understand information if it relates to their own experiences

Appropriate Approaches To HIV Education

The primary goal is to allay student's fears of HIV and to establish a foundation for more detailed discussion of sexuality and health.

- Information about HIV should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles, and different types of families.
- Students should be encouraged to feel positively about their body parts and the difference between boys and girls. Teachers should answer their questions about how babies are developed and born.
- AIDS should be defined simply as a very serious disease that some adults and teenagers get. Students should be told that they do not need to worry about playing with children whose parents have HIV or with those few children who do have the disease.
- Students should be cautioned never to play with hypodermic syringes found on playgrounds or elsewhere and to avoid contact with other people's blood.
- Questions should be answered directly and simply; responses should be limited to questions asked.
- Students should be taught assertiveness about refusing unwanted touch by others, including family members.

Texas Essential Elements Which Address HIV Education

Social/Emotional Development-Prekindergarten

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to demonstrate self-help skills by:

- being responsible for personal hygiene;
- learning about the parts of the body and what they do;
- recognizing routine healthy behaviors;
- expanding vocabulary to include health terms; and
- recognizing common visible signs of general illness and wellness.

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to develop a healthy self-concept reflected by recognizing own uniqueness.

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to demonstrate self-help skills by observing and following home/school safety rules and procedures by staying away from medications and poisons.

Health–Kindergarten

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:

- identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept; and
- recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission.

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health–Grade 1 Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture, and exercise; nutritional health; and self-concept; and • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize common examples of communicable diseases and identify practices that control their transmission. **Health–Grade 2** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health; cleanliness; health of eyes and ears; habits of rest, sleep, posture and exercise; nutritional health; and self-concept; and • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize causes of communicable diseases. **Health—3** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote oral health, cleanliness, health of eyes and ears; habits of rest, sleep, posture, and exercise; and self-concept; • recognize the negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • practice general emergency procedures. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to recognize causes of communicable diseases.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

GRADES 4-5

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
Students are likely to be: • aware of sexual feelings and desires either in themselves or in others and feel confused about them • increasingly sensitive to peer pressure • capable of concern for others • exploring sex roles • in different stages of pre-puberty are usually very interested in learning about sexuality and human relationships • quite comfortable discussing human sexuality • confused between fact and fancy (between hypothesis and reality) • able to internalize rules and to know what is right or wrong according to those rules	It is appropriate to use the same approach for grades K-3 with an increased emphasis on: • affirming that bodies have natural sexual feelings; • helping children to examine and affirm their own and their family's values. Teachers of 4th and 5th grades should: • continue providing basic information about human sexuality, helping children understand puberty and the changes in their bodies; • be prepared to answer questions about HIV and HIV prevention.	**Health—Grade 4** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote habits of rest, sleep, posture and exercise; and self-concept; • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • practice general emergency procedures. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to recognize scope of services provided by community health agencies. **Health—Grade 5** Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to: • identify daily practices that promote self-concept; • recognize negative effects of the use of alcohol, tobacco, marijuana, and other drugs, with special emphasis on illegal drugs; and • identify ways to care for the principal body systems. Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment. Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to identify locally available volunteer health agencies.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

GRADES 6-8

Developmental Characteristics of Students

Students are likely to be:

- engaged in a search for identity (including sexual identity), asking "Who am I?" and "Am I normal?" very centered on self
- influenced by peer education
- concerned about and experimenting with relationships between boys and girls
- confused about the homosexual feelings many of them will have experienced
- worried about the changes in their bodies
- able to understand the changes in their bodies
- able to understand that behavior has consequences, but may not believe the consequences could happen to them
- fearful of asking questions about sex which might make them appear uninformed

Appropriate Approaches To HIV Education

The primary goal is to teach students to protect themselves and others from infection with HIV.

- Students should learn the basic information about HIV transmission and prevention.
- HIV issues should be made as real as possible without overly frightening students. Movies about, or classroom visits from, people with AIDS have helped students in some schools overcome their denial of the disease and give AIDS a human face.
- The focus should be on health behaviors rather than on the medical aspects of the disease.
- Students should examine and affirm their own values.
- Students should rehearse making responsible decisions about sex, including responses to risky situations.
- Students should know they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be helped to develop skills to assert this right.
- It must not be assumed that all students will choose abstinence.
- Information about HIV should be presented in the context of other sexually transmitted diseases (STDs).

Texas Essential Elements Which Address HIV Education

Health–Grade 6

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:

- identify daily practices that promote self-concept;
- identify factors, including peer pressure, that contribute to alcohol, tobacco, marijuana, and other drug abuse and methods of prevention, with special emphasis on illegal drugs; and
- identify ways to care for the principal body systems.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:

- identify communicable and noncommunicable diseases, their causes, symptoms, prevention, and treatment; and
- identify basic emergency treatment, including aid to persons choking or not breathing.

Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to relate the system of health services provided by government to the health needs of people.

Health Education–Grade 7 or 8 (1/2 unit)

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:

- determine alternate courses of action when one is being pressured concerning use of alcohol, tobacco, and other drugs;
- recognize that daily health practices affect confidence and achievement, social development, and wellness.
- investigate the range of effects on personal health and safety from the use of alcohol, tobacco, and other drugs;
- recognize own personal attributes and attitudes;
- discriminate between responsible and irresponsible choices that affect personal health; and recognize body systems and their functions.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:

- investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases;
- demonstrate communication skills that foster healthy relationships; and
- investigate influence of other persons on an individual's attitudes, interests, and needs.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to: • predict consequences of poor management of public health hazards; • identify local public health agencies' resources; and • identify the roles of individuals, the family, community health departments, and the medical profession in controlling sexually transmitted diseases. **Life Science (1 unit)** shall be a laboratory-oriented course. Health concepts and skills. (A three-week unit of health education including these essential elements shall be taught each semester within this life science course.) The student shall be provided opportunities to: • determine alternate courses of action when one is being pressured concerning use of alcohol, tobacco, marijuana, and other drugs; • investigate the range of effects on personal health and safety from the use of alcohol, tobacco, marijuana, and other drugs; • discriminate between responsible and irresponsible choices that affect personal health; and • investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

GRADES 9-12

Developmental Characteristics of Students

Students are likely to be:

- still struggling for a sense of personal identity, especially those who are confused about their sexual identities
- thinking that they "know it all"
- seeking greater independence from parents
- open to information provided by trusted adults
- near end of this period, beginning to think about establishing more permanent relationships
- experiencing an illusion of immortality
- sexually active

Appropriate Approaches To HIV Education

- It is important to be honest and to provide information in a straightforward manner. Be explicit. Use simple, clear words. Explain in detail. Use examples.
- Sexual vocabulary should be connected with slang, if necessary to be certain students understand the lesson.
- It is important to be non-threatening and to work to alleviate anxiety.
- Discussion of dating relationships can provide opportunities to teach decision-making skills. Students should be helped to think through how to make responsible decisions about sex before questions arise in a dating context.
- Teaching about HIV is often enhanced by:
  --movies and other visual aids;
  --role plays and other participatory exercises;
  --same sex groupings (to encourage more candid discussion) followed by sharing in a mixed-sex group (to increase comfort level in discussing sexual subjects with members of the opposite sex);
  --involvement of students in planning and teaching, let young people speak the message to each other whenever possible.
- HIV education should also include discussion of critical social issues raised by the epidemic, such as protecting the public without endangering individual liberties.
- Teachers should have resources to help students find answers to detailed medical questions.
- Students should be taught skills that will enable them to continue to evaluate the HIV crisis.

Texas Essential Elements Which Address HIV Education

Health Education (1/2 unit) Grades 9-12

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:
- understand the care of body systems and their functions;
- relate personal behavior to wellness;
- demonstrate responsible behavior concerning alcohol, tobacco, and other drugs; and
- understand responsible behavior and the interrelationship of diet, exercise, rest, and recreation.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:
- investigate the causes, symptoms, prevention, and treatment of communicable and noncommunicable diseases, including sexually transmitted diseases; and
- demonstrate responsible behavior in prevention and control of diseases and promotion of health.

Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to:
- be aware of community health resources and activities;
- identify the roles of individuals, the family, community health departments, and the medical profession in controlling sexually transmitted diseases;
- investigate current health issues.

Advanced Health Education (1/2 unit)

Concepts and skills that foster individual personal health and safety. The student shall be provided opportunities to:
- emphasize health as a personal priority;
- practice critical thinking and rational problem solving; and
- investigate current health and safety issues.

Health-related concepts and skills that involve interaction between individuals. The student shall be provided opportunities to:
- use a systematic approach to acquire health information
- relate giving and receiving love and maintaining friendships to consideration for the well-being of others and to personal well-being; and
- project the effects of personal choices on the quality of life, now and in the future.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Health-related concepts and skills that affect the well-being of people collectively. The student shall be provided opportunities to: • describe the wide range of resources designed to protect and promote the well-being of groups of people; • use systematically acquired, comprehensive health information while making choices that affect personal health and the health of society; and • identify the roles of individuals, the family, community health departments, the medical profession in controlling sexually transmitted diseases. **Biology 1 (1 unit)** shall be a laboratory-oriented course. The use of classification skills in ordering and sequencing data. The student shall be provided opportunities to classify plants, animals, protists, and viruses according to similarities and differences. Experience in skills in relating objects and events to other objects and events. The student shall be provided opportunities to: • analyze scale models of DNA and RNA; • compare and contrast modes of defense used by organisms; • contrast human activities that affect the natural environment. Experience in applying defined terms based on observations. The student shall be provided opportunities to clarify operational definitions used in explaining digestion, respiration, circulation, reproduction of organisms, and skeletal, nervous, and endocrine systems. Application of science in daily life. The student shall be provided opportunities to: • analyze the economic importance of microbes, plants, and animals; and • evaluate the applications and career implications of biology principles and the findings of research. **Biology 11 (1 unit)** shall be a laboratory-oriented course. Application of science in daily life. The student shall be provided opportunities to: • apply biological principles to medical science and to technology; and • evaluate the applications and career implications of biology principles and the findings of research.

GUIDELINES FOR EFFECTIVE HIV EDUCATION

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Physiology and anatomy (1/2-1 unit) shall be a laboratory-oriented course. The use of skills in acquiring data through the senses. The student shall be provided opportunities to: • observe anatomical structures, and • examine physiological systems. Experience in oral and written communication of data in appropriate form. The student shall be provided opportunities to: • describe the physiological functions of selected anatomical structures; and • explain the organization of body function. Application of science in daily life. The student shall be provided opportunities to: • apply the principles of physiology to human health and well-being; and • evaluate the applications and career implications of physiology and anatomy principles and the findings of research. **Applied Biology (1 unit)** shall be a laboratory-oriented. Rational thinking skills. The student shall be provided opportunities to organize thought processes which will contribute to personal well-being (medical decisions and nutrition). Science knowledge. The student shall be provided opportunities to acquire biological information to maintain the individual's well-being (human body systems; diseases: prevention, symptoms, and treatment; and plant and animal systems: vascular and life cycles). Applications of sciences. The student shall be provided opportunities to: • consider the consequences of personal actions (pollution, health practices, and products and services); and • apply biological knowledge in a manner that results in optimum benefit for society (research participation in public affairs, and public service).

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Comprehensive Home Economics (1 unit) shall be a laboratory-oriented course. Concepts and skills related to family living. The student shall be provided opportunities to: • apply techniques to develop self-awareness and skills for self-direction; • analyze factors involved in socially responsible behavior; • apply techniques which contribute to positive relationships with family, peers, authority figures, and others. **Individual and Family Life (1/2 unit)** Concepts related to adult roles. The student shall be provided opportunities to: • summarize responsibilities of living as an independent adult; • determine decisions to be made in interpersonal relationships and implications for the future. Concepts and skills related to special concerns in the family. The student shall be provided opportunities to: • discuss potential family problems and crises; • describe methods for preventing and coping with family problems and crises. **Family/Individual Health (1/2 unit)** Concepts and skills related to personal health and wellness. The student shall be provided opportunities to: • analyze individual and family health decisions, influencing factors, and implications; • outline principles of good personal health. Concepts and skills of home health care for the sick. The student shall be provided opportunities to explain the causes, symptoms, methods of transmission, and prevention of communicable diseases. **Parenting and Child Development (1/2 unit)** Concepts and skills related to the decision to parent. The student shall be provided opportunities to: • summarize the responsibilities of human sexuality; • project how one's present behavior impacts future goals; • discuss the roles and responsibilities of parents at different stages of the family life cycle; • relate the effects of life styles and cultures on parenting behavior.

Developmental Characteristics of Students	Appropriate Approaches To HIV Education	Texas Essential Elements Which Address HIV Education
		Advanced Child Development (1/2 unit) Concepts and skills related to parenthood. The student shall be provided opportunities to: • describe responsibilities of parenting; • summarize the financial impact of children on the family; • discuss social, emotional, intellectual, and physical factors related to parenting; and • describe responsible behavior in prevention and control of disease. Concepts and skills related to prenatal and postnatal care. The student shall be provided opportunities to: • describe the stages of prenatal and neonatal development; • outline the impact of genetics, environment, and mother's health on prenatal development; • identify neonatal care essential to the well-being of the child; and • describe postnatal care essential to the well-being of the mother. Concepts and skills related to the development of children. The student shall be provided opportunities to: • identify developmentally appropriate sex-related information for children of different ages; • point out the impact of parenting/caregiver practices on a child's self-esteem. Concepts and skills related to special needs. The student shall be provided opportunities to: • describe methods for identifying children with special needs; • summarize forms, causes, effects, prevention, and treatment of child abuse. **The following essential element shall be common to all coordinated vocational-academic education (CVAE) courses.** Concepts and skills related to personal development. The student shall be provided opportunities to understand the methods for attaining and maintaining physical health.

Adapted from *Criteria for Evaluating an AIDS Curriculum*,
National Coalition of Advocates for Students

Cultural Sensitivity for HIV Prevention Educators

Thoughts, comments and interviews by Dr. Maria Natera, Multicultural Educational Consultant, former Principal and classroom bilingual educator.

Approaches for Students and Teachers

Teaching is a demanding and risk-filled profession (Pullias and Young, 1976), but when done well, ***it is a deeply rewarding one.*** Good teaching requires both an understanding of mainstream America and a willingness to learn about ethnic groups and aspects of their lives and values that differ from ours.

Before I address some cultural specifics and the challenge of HIV prevention education, I must assure you that I know this leaflet cannot do justice to the problem. There is no attempt to be comprehensive or to deal with all minority cultures; the purpose is to suggest ***paths of thought*** rather than to make a full exploration of those paths. These views have helped me and have seemed to help some of my colleagues.

Cultural Specifics for Teaching Effectiveness

By the year 2000, one out of every three elementary and secondary school students in the United States will be a member of an ethnic minority. In California and many other states, multi-ethnic students will make up the majority of the school population (NEA, 1987).

Each year, school districts introduce thousands of new teachers into the profession. Most of these new teachers, as well as many veteran teachers, will have had no methodology classes on teaching the limited English-speaking child and will have had no training in cross-cultural communication.

When I interviewed new and veteran teachers about preservice instruction, they often expressed concern that their student teaching experience was monocultural. These quotes from new teachers provide some insight into the importance of addressing cultural sensitivity issues in preservice courses.

"In preservice training I wish they had taught something about how to communicate with Hispanic parents. I found that my first parent conferences went rather poorly, due in part to my discomfort with how quiet the mother was and how the father did all the talking. I was also uncomfortable with what I perceived as their low academic expectations for their children."

Pamela Madera, Elementary Teacher.

"In preservice training I didn't learn to work with language and cultural differences. Fortunately, my district has a program for new teachers. However, I have three friends in another district who were dynamic just a year ago in graduate school, but are planning to leave the profession at the end of the year, due to the difficult assignments, the unrealistic preservice program and the lack of a supportive program at their schools."

Kenneth Williams, Elementary Teacher.

"I had no training in strategies for students unable to focus on learning due to the trauma of war, death, drugs and poverty. The students wrote about guns, losing family members, fear of deportation, and I felt that I needed sensitivity training. With experience, I learned to talk with my students one to one and build trust. When I was afraid or threatened, I was quite distant from my students and with their parents."

Ellen Gee, High School Teacher.

"Students know when I am uncomfortable with them—how sometimes I don't understand them, their parents or their apathy or poverty. Before I can teach them, I must get to know them."

Deb Clay, Middle School Teacher.

Future teachers need help in comprehending the complexities of their first assignments, including a cultural exploration of who their students are and why they act the way they do. The United States is a multicultural community.

According to Edward T. Hall in *Beyond Culture* (1981), the study of cultures and the consideration of ethnicities is especially important for Americans, because they are generally intolerant of differences and have a tendency to consider something different as inferior. U.S. schools use competition as a primary method for motivating students and stress the importance of the individual. These values are part of American culture and are not shared by all cultures.

Many of our values may be unconscious, which can increase the difficulty of intercultural communication. Therefore, cross-cultural learning in the schools becomes a necessity. Cultural sensitivity means more than education, teaching or training. In multi-ethnic classrooms, cultural sensitivity means that the *how* of communication is at least as important as the *what*.

Seven Capacities for Cultural Sensitivity

I am convinced that teachers inevitably teach lessons based on their own beliefs and values. Hence, a commitment to becoming culturally sensitive is an essential ingredient in your success as a teacher. As you consider the following *capacities*, do some personal introspection. Ask yourself, "Which capacities are currently my personal qualities? Which ones might need further development? How might I, as a future teacher, develop a greater level of cultural sensitivity?"

1 ***The capacity to communicate respect***—to transmit, verbally and nonverbally, positive regard, encouragement and sincere interest.

2 ***The capacity to personalize knowledge and perceptions***—to recognize the influence of one's own values, perceptions, opinions and knowledge of human interaction, and to regard such as relative, rather than absolute.

3 ***The capacity to display empathy***—to try to understand others from their point of view, to attempt to put oneself into others' life space and to feel as they do about the matter under consideration.

4 ***The capacity to be nonjudgmental***—to avoid moralistic, value-laden, evaluative statements, and to listen in such a way that others (students, colleagues or friends) can fully share and explain themselves.

5 ***The capacity for role flexibility***—to be able to get a task accomplished in a manner and time frame appropriate to the learner, and to be flexible in the process for getting assignments done, particularly with reference to participation and group activities.

6 ***The capacity to demonstrate reciprocal concern***—to take turns talking, share the responsibility for interaction, and in group work, promote circular communication. Refining listening skills reinforces the capacity to demonstrate reciprocal concern.

7 ***The capacity to tolerate ambiguity***—to be able to cope with cultural differences, to accept a degree of frustration and to deal with ever-changing circumstances and people.

(Adapted from the Canadian International Development Agency model as described in *Managing Cultural Differences*, Harris and Moran, 1979.)

These capacities overlap and interrelate. Consider the variety of capacities addressed in the following examples:

- Teachers have many ways of showing trust and respect to students. Teachers communicate respect and trust in the way they respond to questions, the privileges they grant and the way they express discontent. They have a responsibility to communicate their respect for the variety of cultures represented in their classrooms.
- Different cultures have different values, beliefs and characteristics. Teachers need to understand the cultural backgrounds of their students. They should be aware of and sensitive to religious beliefs and customs and considerate of home situations.
- Many factors in our society have contributed to a reduction in the amount of time parents are able to spend with their children. Single parents may not be able to devote much time to assist children with homework. Parents with limited English ability may not be able to assist their children with certain assignments. Teachers need to consider these factors when planning lessons and making assignments.
- When addressing issues related to disease, it is important to remember that different cultures have different belief systems regarding disease and illness. It may be necessary to assume the learner role and allow students to share their belief systems. This enlightenment will enable the teacher to adapt lessons to allow for multicultural beliefs, thus promoting a better understanding of disease.
- To provide models for effective group interaction, teachers must surrender the role of authority and take a place alongside their students. Encourage each student to work as a member of the group to achieve certain goals. By being alert and sensitive, teachers can provide opportunities for students to express themselves and to clarify their feelings.

"Culture teaches us what to value, and what to fear, which behavior signals to watch for in others, and which to send, which words to use and which to avoid" (Harris and Moran, 1979). It is important to recognize the attitudes we hold and assumptions we make about other groups. These assumptions usually are unconscious. The importance of our behavior is apparent in the saying: "Your actions speak so loudly, I can hardly hear what you say." We must see ourselves as others see us before we can seek an objective view of our students.

HIV Issues and Minority Populations

"AIDS is disproportionately affecting People of Color, particularly in the Black and Hispanic communities" (Gerald, 1988). The County of Los Angeles Commission on Human Relations held a hearing on AIDS and the minority populations in winter 1988. According to Carol Chang, Human Relations Commissioner, some commonalties surfaced as representatives from the Black, Latino, Native American, Asian and Pacific Islander communities testified.

The most alarming common thread in the testimony was the difficulty these communities have in acknowledging the problem of HIV. This is due in part to cultural stigmas and lack of knowledge. Latino health workers reported that it is very difficult for some Latinos to accept ideas that contradict moral beliefs. For example, Latinas cannot bring themselves to suggest the use of condoms, because they are not supposed to know about such things as sex, homosexuality and substance abuse.

These minority groups also have difficulty acknowledging homosexuality (Chang, 1989). The invisibility of homosexuals, because many do not self-identify as gay or bisexual even though they may engage in sex with other males, complicates the issue.

Drug usage is a concern among these groups, particularly as it relates to HIV. Pacific Islanders (Samoans) report a high level of intravenous drug usage. Thirty-six percent of the Black and Latino cases of AIDS occur among intravenous drug users, compared to only 6 percent among Whites (Gerald, 1988). Native American groups with high numbers of substance abusers report a need to have the mainstream culture help strengthen their social culture, not to destroy it as they learn about the dangers of HIV (NEA, 1987).

The commission also found that in minority communities medical resources are often poor, and community members feel isolated and generally do not have health insurance. "The AIDS health crisis exacerbates the underlying poor health and poor socioeconomic conditions among America's racial and ethnic minorities" (Gerald, 1988).

Clearly, culturally sensitive education about HIV and AIDS must be directed at all members of our population if we are to effectively stop the spread of this terrible disease. It is imperative that HIV and AIDS information and education be available to minority youngsters by early adolescence. For HIV prevention messages to effectively reach the minority populations, general education programs must be reinforced by culturally sensitive teaching strategies.

References

California State Department of Education. 1987. *California beginning teacher assessment and support project*. Sacramento, CA.

Chang, C. 1989. Interview. Testimony by representatives of minority communities to the L.A. County Commission on Human Relations. Los Angeles, CA.

Gerald, G. R. 1988. Minority populations: AIDS risks and prevention. In *The AIDS challenge*, ed. Quackenbush, M., M. Nelson and K. Clark. Santa Cruz, CA: Network Publications, a division of ETR Associates.

Hall, E. T. 1981. *Beyond culture*. Garden City, NY: Anchor Books.

Harris, P. and R. T. Moran. 1979. *Managing cultural differences*. Houston: Gulf Publishing Company.

National Education Association. 1987. Executive Committee Study Group Reports on Ethnic Minority. *And justice for all*. Washington, DC.

Pullias, E. V. and J. D. Young. 1976. *A teacher is many things*. London: Indiana University Press.

Legal Issues

I. FEDERAL AND STATE LAWS

A. Federal Laws

RIGHTS OF STUDENTS AND EMPLOYEES WITH HIV INFECTION OR AIDS UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973

In short, Section 504 requires the school to make reasonable accommodations in order to allow an infected staff member or student to remain in his or her present assignment unless he or she is carrying a disease that is easily communicable in a school setting.

Section 504 of the Rehabilitation Act of 1973 has been used successfully by both students and staff members infected with a contagious disease to require that schools allow them to remain in the school setting. This section states that "no otherwise qualified individual...shall, solely by reason of his handicap, be excluded from participation, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal Financial Assistance..."

The Act defines a handicapped person as any person who
(1) has a physical or mental impairment that substantially limits one or more of such person's major life activities,
(2) has a record of such an impairment, or
(3) is regarded as having such an impairment.

In determining whether a person handicapped with a contagious disease is "otherwise qualified," the following factors must be considered:

- how the disease is transmitted
- how long the carrier is infectious
- potential harm to third parties
- probability that the disease will be transmitted and will cause varying degrees of harm.

Section 504 also requires that the school make any "reasonable accommodations which allow the handicapped person to be otherwise qualified."

Courts across the United States have had to consider whether teachers and students with communicable disease may remain in the school setting.

JUDICIAL DECISIONS

1. An elementary school teacher was dismissed after suffering a third relapse of tuberculosis within three years. The teacher brought suit alleging that the School Board's decision to dismiss her because of her tuberculosis violated Section 504 of the Rehabilitation Act of 1973. The court held that a person suffering from the contagious disease of tuberculosis can be a handicapped individual with Section 504 and that Section 504 protects the teacher from dismissal on the ground of her disease unless her contagiousness renders her not "otherwise qualified" for the job.
   School Board of Nassau County v. Airline. 94 L.Ed.2d 307 (1987).

2. A certified teacher of hearing-impaired students was diagnosed as having AIDS. Subsequently, the Department of Education reassigned him to an administrative position and barred him from teaching in the classroom. The teacher filed suit claiming the Department's action violated Section 504 of the Rehabilitation Act of 1973. The court held that the teacher was not required to disprove every theoretical possibility of harm to obtain preliminary injunction reinstating him to classroom duties. The court stated that the possibility of fear and apprehension in parents and students on the teacher's return to the classroom was not grounds to deny the teacher's preliminary injunction returning him to the classroom.
   Chalk v. U.S. District Court, 840 F.2d 701 (9th Cir. 1988).

3. A five-year-old child diagnosed with AIDS had been admitted to kindergarten and attended without incident for three days. On the fourth day, the child was involved in an incident with another student in which the child bit the other student's pants leg. Although the child's skin was not broken, the infected child was removed from the classroom and required to undergo a psychological evaluation. The court held the child was a handicapped child within the meaning of Section 504 and that he was otherwise qualified to attend regular kindergarten class. The court used the psychologist's findings that the child might be prone to aggressive behavior because of his inferior level of language and social development. The doctor did not, however, predict that the child would bite again. The court weighed the risks and benefits of both the child and others in the school and reached the conclusion that the rights of the child prevailed.
   Thomas v. Atascadero Unified School District, 666F. Supp 1524 (M.D. Fla 1987).

4. A trainable mentally handicapped child with Downs Syndrome was diagnosed as having infectious Hepatitis Type B. The child also repeatedly tested positive for an antigen indicating a degree of infectivity many times higher than other carriers of the Hepatitis B virus. The local school district determined that the child should be placed in a homebound program. Administrative proceedings were brought to allow the child to interact in a school setting with other handicapped children. The State Superintendent of Education determined that the child should be mainstreamed because under the particular circumstances of the case, the risk of transmission of the disease did not outweigh the injury to the child if she remained isolated from her peers. The court affirmed this decision.
   Community High School District 155 v. Denz, 463 N.E. 2d 998 (Ill. App. 2 Dist 1984).

5. A student was diagnosed as a carrier of the AIDS virus. His symptoms included oral thrush and a cold sore on the upper lip. The student had no diarrhea or abnormal bodily secretions and had never exhibited aggressive behavior. The School Board excluded the student from attending regular education classes and extracurricular activities on the basis of his disease. The court found there was no significant risk of transmission of the AIDS virus in the classroom and ordered a preliminary injunction prohibiting the School District from excluding the student from attending full-time curricular and extracurricular activities.
Doe v. Dolton Elementary School Dist. No., 148 F. Sup. 440 (N.D. Ill 1988).

B. State Laws

1. STAFF DEVELOPMENT OR INSERVICE TRAINING

Texas Education Code: 11.208(b)

The State Board of Education by rule shall encourage inservice training for all school employees and volunteers regarding HIV infection.
Texas Education Code, 11.208(b).

The State Board of Education shall require more intensive HIV inservice training for teachers, counselors, and other persons employed in programs related to comprehensive health education, substance abuse prevention, or prevention of sexually transmissible diseases, HIV, and AIDS than for other school employees.
Texas Education Code, 11.208(b).

2. CONFIDENTIALITY

HEALTH 7 SAFETY CODE, SECTION 81.103, SECTION 81.103(b)(5), SECTION 81.103(d), SECTION 81.103(j), TEXAS EDUCATION CODE 21.933.

A. Confidentiality of Test Results

A test result is confidential. A person who possesses or has knowledge of a test result may not release or disclose the test result may not release or disclose the test result or allow the test result to become known except as permitted by the Texas Health & Safety Code, Section 81.103.

B. Disclosure Without Consent

A test result may be released to a physician, nurse, or other health care personnel who has a legitimate need to know the test result in order to provide for his or her own protection and to provide for the patient's health and welfare.
Texas Health & Safety Code, 81.103(b)(5).

C. Disclosure With Consent

1. A person tested for AIDS or HIV infection may voluntarily release or disclose his or her test results to any other person and may authorize the release or disclosure of the test results.
2. A person legally authorized to consent to the test for AIDS or HIV infection may voluntarily disclose or release that person's test results to any other person and may authorize the release or disclosure of the test results.
3. An authorization to disclose or release test results must be in writing and signed by the person tested or the person legally authorized to consent to the test on the person's behalf.

Texas Health & Safety Code, 81.103(d).

D. Scope of Consent

The authorization to disclose or release test results must state the person or class of persons to whom the test results may be released or disclosed.
Texas Health & Safety Code, 81.103(d).

E. Criminal Penalties for Unlawful Disclosure

1. A person commits an offense if, with criminal negligence and in violation of the Texas Health & Safety Code, 81.103, the person releases or discloses a test result or other information or allows a test result or other information to become known.

2. An offense under this subsection is a Class A misdemeanor.
   Texas Health & Safety Code, 81.103(j).

F. Medical Records Maintained by the School District

1. A school administrator or teacher is entitled to access a student's medical records maintained by the school district only if the administrator or teacher has completed inservice training on HIV infection and AIDS. (Note, Health and Safety Code 81.103 creates a higher duty of confidentiality regarding HIV and AIDS.) Any record regarding HIV/AIDS should be separated from other medical records.

2. A school administrator or teacher who views medical records under this section shall maintain the confidentiality of those records.
   Texas Education Code, 21.933, effective Sept. 1, 1989.

Confidentiality and medical records access are closely linked to the often asked question, "Who needs to know the status of an HIV positive student?" This question is addressed in (2) below:

The only district employees who shall have access to medical records that a student has or has not been tested for, or does or does not have AIDS or HIV infection, are professional personnel who meet both of the following criteria:

1. Have received HIV staff development training that complies with the Texas Education Code 11.208.

2. Have a legitimate need to know in order to provide for their own protection or to provide for the student's health and welfare.

However, the parents of a minor student or an adult student may give written authorization specifying other persons or positions to whom such information may be released. District personnel who have such knowledge shall be provided with information concerning any precautions that may be necessary and shall be advised of confidentiality requirements.

3. RISK OF TRANSMISSION, RISK TO AFFECTED STUDENT, AND REFERRAL TO SPECIAL PROGRAMS

The district medical advisor and the local health authority, in consultation with the person responsible for the school health program and the student's doctor, shall determine whether a significant risk of transmission exists. If it is determined that a significant risk of transmission exists, the student may be temporarily removed from the classroom until one of the following events occurs:

1. An appropriate school program adjustment is made.
2. An appropriate alternative or special education program is established.
3. The local health authority determines that the significant risk has abated and the student can return to class.

Each removal of a student from school attendance under this circumstance shall be reviewed by the district medical advisor in consultation with the student's doctor at least once a month to determine whether the condition precipitating the removal has changed.

A decision to remove a student from the classroom for his or her own protection when cases of communicable diseases are occurring in the school population shall be made in accordance with Texas Department of Health guidelines ; however, the placement, of a special education student can be changed only by an ARD committee.

A student removed from the classroom under this policy may be referred to the ARD committee for assessment and a determination of eligibility for special education. A student determined to be ineligible for special education services may nevertheless be eligible for other special services as a student who is handicapped under Section 504 of the Rehabilitation Act of 1973.

Any decisions regarding restriction on school attendance, participation in school activities, and hygiene procedure shall be made by the ARD committee (in the case of a special education student) or by a group of professionals who are knowledgeable about the student (in the case of a student who is handicapped under Section 504). These committees shall consult the local health authority and the student's physician and parents in making such decisions. They shall also consider the significant health risk posed to and by the student in determining an appropriate individual education plan or other services to be provided.

II. ADDITIONAL INFORMATION PERTAINING TO HIV LEGAL ISSUES

A. INFORMED CONSENT

Informed consent requires two stages. First, a person making a choice must understand what the choice is, what alternatives exist, and the probable risk/benefits of the choice or alternatives. Second, the person agrees to a course of action. In securing permission from a person to reveal his or her HIV serostatus or revelation of other health conditions, the professional offering information should be knowledgeable, patient, and supportive. No coercion should be used at any point in an effort to obtain a signature on a consent form. Two sample informed consent statements, one for staff and one for student/family, are given as examples on the following pages.

Situations may arise where a party refuses to give consent. For example, in situations where rumors exist of a child's serostatus but where no epidemiological risk to others is apparent and the child's parents have not requested or have refused assistance, the Communicable Disease Response Team could simply arrange for general reassurances concerning the lack of risk of HIV transmission in the school setting without reference to any specific child. If epidemiological risk might be a factor and the parent has not asked for or refuses assistance, a team member may in good faith seek advice of state or county health department officials. This can be accomplished by describing the situation without using identifiers for protection of confidentiality. Similar strategies can be used for analogous situations with staff members.

B. SCHOOL PLAN FOR SUPPORT FOR THE HIV-INFECTED

In numerous areas of the state, the schools and churches are the primary institutions in the life of many families. In cases involving school-age children or teens with HIV infection, parents may have few places to turn for support. Thus schools may also find themselves in the unique position of responding to the student/family's needs. Remember that the decision to inform school personnel of a child' s HIV status is in the hands of the parent or guardian and that strict confidentiality of that information must be maintained unless written release is given by that parent or guardian. Likewise, in the instance of an HIV-infected staff member, the school can offer a supportive environment for an individual facing the possibility of life-threatening illness.

When school personnel learn of a person's infection with the HIV, the school has the opportunity to assist a family in need. The initial response will leave a lasting impression with the student or staff member and his or her family. Furthermore, the school response may help set the tone for the response of the community at large.

The effort* can include combinations of the following:

- plan for educational/employment program
- identification and, where applicable, provision of appropriate psychological support systems
- provision of information and assistance with referral to appropriate community services for the staff member or student and his or her family
- a conference with the HIV-infected person's primary physician regarding his or her health needs, if appropriate

*The extent of a school-based effort is determined by the individual's or family's requests for assistance.

C. DISTRICT COMMUNICABLE DISEASE RESPONSE TEAM

A district Communicable Disease Response Team can develop responses and plans for handling issues relating to HIV-infected staff/students. This team should be three or four knowledgeable and professionally trained persons. If the district already has a Crisis Team, this team could assume these responsibilities. However, the team members must be prepared to deal with the potential controversy engendered by public reactions to HIV infection and AIDS.

A district spokesperson should also be appointed to provide public information and to respond to media coverage as needed. This person could be a member of the Communicable Disease Response Team. He or she should be knowledgeable, credible, articulate, and diplomatic.

It is impossible to envision all of the possible situations that may occur as a result of the presence in a school of an HIV-infected person. Therefore, this section is meant to offer general ideas about an appropriate course of action.

In situations where a parent has requested assistance, team members would be notified only if the parent signs an agreement that information be shared with team members. In situations where rumors exist of a child's serostatus but where no epidemiological risk to others is apparent and the child's parents have not requested assistance, the team would simply arrange for general reassurance concerning the lack of risk of HIV transmission in the school setting without reference to any specific child. A diagram on the following page summarizes these possibilities.

If epidemiological risk might be a factor and the parent has not asked for assistance, a team member may in good faith seek the advice of county or state health department officials. For the protection of confidentiality, the team member should describe the situation. Similar strategies can be used for analogous situations with staff members.

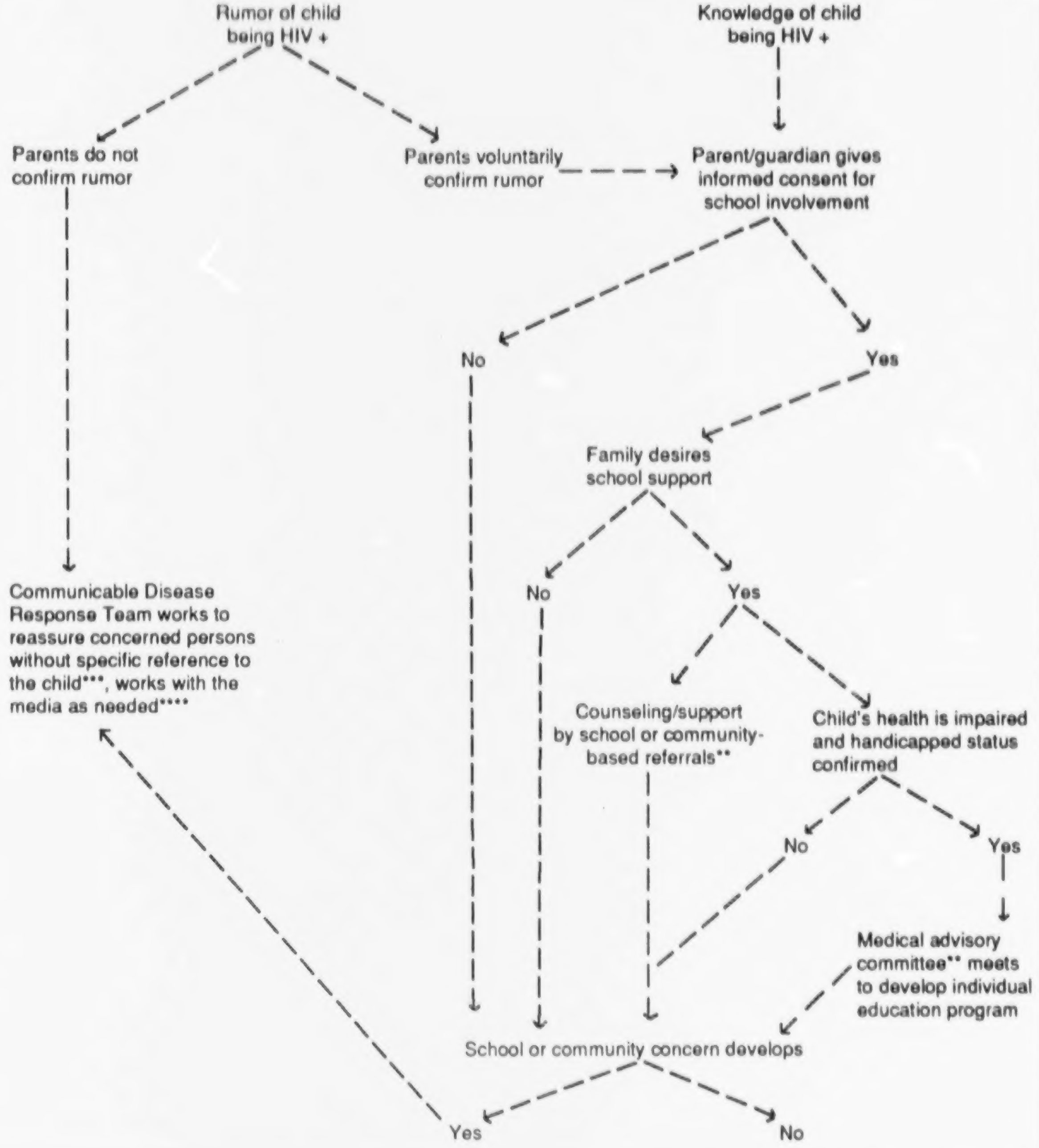
adapted from the *Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Series

TIME FRAME: BEFORE, DURING, AND AFTER NOTIFICATION CONCERNING HIV-INFECTED PERSONS

	BEFORE	DURING	AFTER
Roles for the staff	• Provide training on HIV infection and disease. • Establish policy/procedures. • Encourage staff to discuss potential issues. • Inform staff of AIDS resources and support. • Train a Communicable Disease Response Team (if desired). • Include AIDS Advisory Council in planning.	• Confer with district medical consultant and public health official(s). • If appropriate, conduct a staff meeting to review AIDS prevention and risk reduction information policy and procedures. • Comply with federal and state laws. • Utilize Communicable Disease Response Team.	• Provide support as needed. • Reinforce positive behaviors. • Anticipate need for grief counseling. • Utilize Communicable Disease Response Team as appropriate.
Activities for the student body	• Integrate developmentally appropriate AIDS prevention and risk reduction education into PreK-12 instruction. • Encourage student leadership and peer education on AIDS issues and education. • Provide support and counseling services as needed.	• Designate locations for students to obtain support from selected health and counseling personnel who have had intensive AIDS staff development inservice.	• Maintain support service as necessary. • Reinforce positive behaviors. • Anticipate the need for grief counseling. • Respond to individuals or groups seeking problem-solving and decision-making skills and accurate information.
Activities on behalf of the staff member or student/family with AIDS virus infection*	• Not applicable	• Inform the individual and/or family of privacy rights. • Secure informed consent for any release of identifiable information. • Include the staff member or student/family whenever possible and appropriate in plans, responses, and activities. • Provide immediate, consistent psychological/social and medical support. • Make referrals to appropriate community services.	• Maintain support and open communication.
Roles for the school board	• Review and adopt policies and procedures.	• Support staff.	• Provide input and support as needed.
Roles for the AIDS advisory council	• Assist in review of policy, curriculum choices, and other matters concerning HIV/AIDS.	• Assist in supporting school-based efforts.	• Assist in supporting school-based efforts.
Activities directed toward the local community *Written informed consent must be secured.	• Provide AIDS education, including reference to policy, for parent organizations, civic groups, etc. • Utilize local Community Action Group (CAG) where appropriate. • Establish rapport with local media.	• Notify public health officials, if necessary. • Respond to media and make contact as appropriate.	• Maintain community resources and networks. • Continue community care, support, concern, and education on AIDS related issues.

Adapted from *Working Together: Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Services, 1990

POSSIBLE SITUATIONS INVOLVING HIV-INFECTED STUDENTS*


Rumor of child being HIV +
Knowledge of child being HIV +
Parents do not confirm rumor
Parents voluntarily confirm rumor
Parent/guardian gives informed consent for school involvement
No
Yes
Family desires school support
No
Yes
Communicable Disease Response Team works to reassure concerned persons without specific reference to the child***, works with the media as needed****
Counseling/support by school or community-based referrals**
Child's health is impaired and handicapped status confirmed
No
Yes
Medical advisory committee** meets to develop individual education program
School or community concern develops
Yes
No

---

* Analogous situations might occur in instances of an HIV-infected staff member.

** Any individuals to be informed of child's serostatus must be named in informed consent statement signed by parent/guardian.

*** The school's "Crisis Team" could function in this capacity.

**** Even in situations where several persons have "found out" the child's identity, the school spokesperson can still model correct confidentiality procedures.

Adapted from *Working Together: Comprehensive Communicable Disease Policy and Procedure Guide*, Indiana Department of Education Student Services, 1990

TEXAS
EDUCATION
AGENCY 1701 NORTH CONGRESS AVENUE • AUSTIN, TEXAS 78701-1494 • (512) 463-9734

September 16, 1992

TO THE ADMINISTRATOR ADDRESSED:

SUBJECT: Implications for HIV/AIDS Educational Programs and Policies

Texas educators today face the undeniable need to know the basic facts about AIDS. For example, they should understand that, for the majority of cases, AIDS is a completely preventable disease. In addition, educators should recognize that education is the most effective preventive measure known against the transmission of HIV, the virus that causes AIDS.

To help educators meet their responsibilities related to HIV/AIDS education, the Texas Department of Health and the Texas Education Agency are jointly issuing the enclosed statement. The statement expands on guidelines distributed in 1985 and in 1987 and includes topics of current concern.

Sincerely,

Lionel R. Meno
Commissioner of Education

David R. Smith, M.D.
Commissioner of Health

HIV/AIDS: IMPLICATIONS FOR EDUCATIONAL PROGRAMS AND SCHOOL POLICIES

Many Texans who have AIDS are aged 20-29. In fact, over 700 cases (22% of the total) were diagnosed with AIDS in this age group as of the summer of 1992. This statistic has significance for Texas educators. Because the period between infection and the onset of symptoms may be as long as 10 years, hundreds of persons with AIDS today were teenagers when they were initially infected. They were attending junior and senior high schools across the state.

The implications of this fact suggest that farsighted Texas school administrators will:

- implement HIV/AIDS education programs
- develop policies related to HIV/AIDS issues

To support these tasks, the Texas Department of Health and the Texas Education Agency are jointly issuing this statement. The statement expands on guidelines that were issued in 1985 and in 1987 and includes topics of current concern.

IMPLEMENTATION OF EDUCATION PROGRAMS

Educators need to be aware of the impact of AIDS on Texas youth and to recognize that education is the most effective preventive measure known against the transmission of HIV, the virus that causes AIDS.

Well-designed HIV/AIDS education programs teach students skills to help them modify their behaviors. A curriculum published in Fall 1992 by the Texas Education Agency is Education for Self-Responsibility: Prevention of HIV/AIDS and Other Communicable Diseases (ESR III). Programs such as ESR III help students replace risky practices with safe or safer practices, thus preventing or reducing the risk of infection. An important characteristic of effective programs is that they are grade-level appropriate. When correctly implemented, they constitute one component of a comprehensive school health program.

The need for HIV/AIDS education programs is underscored by recent research that indicates teenagers are greatly at risk of being infected because of their high rates of sexual activity. In Texas, heterosexual transmission of HIV accounts for the highest percentage of increase for all modes of exposure.

In light of the continuing spread of HIV, Texas administrators are urged to implement systemwide programs for educating students, parents, and employees on the nature and effects of HIV/AIDS and how to prevent infection.

DEVELOPMENT OF APPROPRIATE POLICIES

In addition to implementing effective educational programs, farsighted educators and administrators will develop well-founded policies. For example, based on the increasing number of HIV infections in Texas, educators should assume that every school has a student or staff member who will, at some point, disclose his or her infection. Schools must be prepared for this situation. Prudent administrators will develop policies that are written in clear language and will review and revise these policies annually.

Policies Related to Students

Educators are encouraged to keep the following points in mind when developing policies related to students:

- The Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS) and other HIV-related conditions, is not transmitted in everyday school settings. An HIV-infected student need not be excluded from school unless certain conditions are present. These conditions are listed on the "Communicable Disease Chart for Schools and Child Care Centers" (TDH Stock #6-30). Infectious organisms such as Rubella, measles, and chicken pox may pose problems for the HIV-infected student. When a case occurs in a school, the parent/guardian and physician of any immunocompromised child should be advised of the situation so that they may decide if the child should attend school while such cases are occurring.

- Precautions should be taught to and followed by everyone who may come in contact with blood or body fluids. Following such precautions will reduce the risk of infection by blood-borne pathogens and infectious agents, including HIV and Hepatitis B virus. In particular, all health professionals employed by schools must follow the universal precautions stated in the Texas Health and Safety Code, §§85.201-206. Guidelines for universal precautions may be obtained from the Centers for Disease Control in Atlanta and from the Texas Department of Health's Infection Control Manual (second edition).

- Contact sports pose no special risk of HIV transmission as long as universal precautions are followed for injuries involving blood.

- Confidentiality of information concerning an individual's HIV status must be strictly maintained. This confidentiality is mandated by statutes that are more restrictive than for other medical conditions. Negligent and unauthorized disclosure of information concerning the HIV status of a student or staff member may result in civil and criminal penalties (Texas Health and Safety Code, §§81.103-.104).

- Routine screening for the presence of antibodies to HIV is unnecessary and inappropriate in preventing the spread of HIV.

Policies Related to Staff

When developing policies related to HIV infection among administrators, teachers, and other school employees, administrators should note the following:

- HIV-infected employees in the ordinary course of their duties do not pose a risk of infecting others at school. The activities that transmit the HIV virus, i.e., sexual activity and illicit drug use (injecting), are not tolerated in any school setting. Therefore, segregation of infected employees in the use of school services and facilities is unwarranted and should be avoided.

  Continuation or termination of an HIV-infected employee is a management decision to be guided by the same policies that apply to other diseases that are not a danger to students or coworkers. Medical opinion and legal advice should be routinely sought in making such a decision. Questions to be answered in arriving at the decision include:

  - Can the employee perform the essential functions of the specific job?
  - If not, can the job be modified?
  - If not, is there some other job within the school setting that can be performed satisfactorily by the employee?

- The Texas Association of School Boards has available a model set of policy guidelines on disabling conditions and communicable diseases, including HIV, for administrators' use in shaping districts' policies.

For additional information on HIV/AIDS issues, educational programs, and policies, contact:

Charles E. Bell, M.D.
Bureau Chief
Bureau of HIV and STD Control
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756
(512) 458-7463

Sunny Thomas-Allcorn, R.N.
Director
Comprehensive School Health Programs
Texas Education Agency
1701 North Congress Avenue
Austin, TX 78701
(512) 463-9734

GETTING YOUR DISTRICT READY FOR A RATIONAL APPROACH TO STUDENTS AND STAFF WHO ARE INFECTED WITH HIV

As a school official, sooner or later you will receive the inevitable phone call telling you that a student or staff member is infected with HIV or has AIDS. What you do now will help determine if there is a full-blown crisis or if the situation is handled confidentially, compassionately, and effectively. The following sections discuss collaborative policy development and planning to handle a potential crisis.

Collaborative Policy Development

The way you develop policies about communicable diseases, such as HIV, and the way you educate others about those policies is critically important. Therefore we suggest that you:

Develop policies collaboratively with health and education officials and staff members to reflect education, health, and legal requirements;

Review and revise your policies annually to reflect the latest research from reliable sources about the disease;

Write policies in clear language so that a wide variety of people, including students, can understand them; and

Write or review your policies now.

A good policymaking process includes the following elements, whether the issue is drug education, teen pregnancy prevention, textbook selection, or cases of HIV infection. The ten basic steps are:

Step 1: Gather existing information on state and federal laws and model policies, existing district policies, and the most current scientific and medical information. In states that have collective bargaining agreements, the adoption of the policy may be a subject for bargaining between the school board and the employee union.

Step 2: Identify sources for assistance, including local community experts, and state and national agencies and organizations.

Step 3: Form the committee that will develop the policy. The committee should include a broad range of community representatives who offer diverse perspectives on the issue, for example, the health department, parents, the clergy, hospitals, and the PTA. Try to involve as many constituents and community special interest groups as possible, such as those who work with intravenous drug users, runaways, and the homeless youth so that you can obtain a full range of opinions and broad support.

School representatives, including: administrators, teachers (including representatives of associations and unions), students, clerical workers, building maintenance workers, school nurses, cafeteria workers, bus drivers, support staff, and other employee unions.

Step 4: Educate the committee and hold a study session for the school board about HIV infection and other relevant issues, thereby providing an opportunity for members to share their knowledge, attitudes, and fears. You may want to invite a noncommittee medical or public health expert from, for example, the state health department, to give a presentation and answer questions.

Step 5: Identify the policy issues that must be addressed. Find out which issues are already covered by state and federal law. Then, develop a list of topics that must be addressed. These would include: the procedure for evaluating the job placement/educational program of infected staff and students, provisions for review and appeal, "universal precautions" and other guidelines for handling body fluids, considerations for special education students, confidentiality, and student and staff education.

Step 6: Prepare a first draft of the policy. Have committee members share this draft with their constituencies, gather opinions, and report back to the full committee.

Step 7: Prepare the final draft of the policy.

Step 8: Present the draft to the school board. Begin the policy adoption process, which may include public hearings.

Step 9: Inform the community about the policy. Hold information sessions for the media and concerned groups such as the PTA.

Step 10: Set guidelines for periodically reviewing and evaluating the policy.

In summary, there are four important points:

1. A policy development process is an educational process. The process of making policy, if sound, will reveal soft points where additional work is needed. A good process is creative and can change people's minds.
2. The process of policymaking may be as important-or more important-than the policy itself.
3. Though it may seem like re-inventing the wheel, policies must be "homegrown" to be effective. Local districts need to develop their won policies. Even if several districts adopt the same policy, it is essential to the policy's success for communities to make it their own.
4. A policy is only as good as the message that is conveyed to the general public. This means that policymakers must find effective ways of educating the community.

Planning to Manage a Crisis

Even if you have a sound communicable disease policy, a day may arrive when the presence of a student or staff member infected with HIV or diagnosed with AIDS causes some community members to become alarmed. The best way to avoid this situation is to have already developed policies collaboratively and to have educated the community about HIV and the rationale for the policy. Still, since an unexpected crisis may cause considerable damage, policymakers should accompany their policies with an action plan. This plan will outline who will manage a potential crisis and what they will do.

Critical elements of an action plan to manage a crisis:

By what it says and what it does, the district must convey its effective management of the situation.

Act with confidence, even if you are in a new situation and are not completely sure what to do. If you do not provide strong management, a vacuum will develop that is likely to be filled by destructive leadership. This can damage all your best efforts in developing a policy and educating the community.

Identify a single, effective spokesperson who can represent the district in a calm, well-informed, and sensitive manner. The spokesperson would be a board member or top school official who receives special preparation for this role. Once a spokesperson is chosen to handle a crisis, he or she should be the only person speaking publicly on the issue. The school community should know the spokesperson's identity so that they can refer media questions to the person.

Consistency of the message is essential in reassuring the community that the matter is being handled competently. When training spokespersons, use analogies. For example, board members should not discuss child abuse cases with the press. Similarly, the district must protect the confidentiality of an persons who is infected with HIV.

Use your connections (for example, with the PTA and the clergy) to reach out to those who may not be typically involved in a crisis, but are leaders in the community, formally or informally.

Make certain that procedures to protect the confidentiality of the infected student or staff member are "airtight." Even if there is some public knowledge about the case, the school district must never disclose the person's identity, location, or even gender. In some cases, people who are infected with HIV have willingly identified themselves, and communities have rallied around that person or their family. But the decision to "go public" must be made by people who are infected with HIV and their families.

Establish and maintain effective working relationships with the media. Educate and brief the media on your policies, especially on confidentiality, so that you will not look defensive in a crisis. Tell them, before the first public case of HIV infection in the schools, what kind of information you can give them and what kind must be keep confidential. Also, examine your policies and procedures regarding the presence of news media personnel inside schools or on school property.

States and communities have had great successes working cooperatively with the media. Consider that many potential crises turn into "non-events" when the crisis is averted. Because they are success stories, they are seldom reported.

Be prepared to deliver intensive in-service and community education programs to the school/ community leaders, to reassure concerned parents and the public. In educating the public, it is best to make no assumptions and how well a school or community member understands the facts about HIV and AIDS, regardless of that person's title or profession. Provide the facts and give everyone a chance to have their questions answered by a medical authority who is knowledgeable about HIV and other infectious diseases.

Recognize the potential minority dimensions of the issue. Respect the needs and interests of minority groups. Beware of condescending language. Some people do not appreciate language that stresses that AIDS education materials need to be "culturally sensitive" to minorities, since such statements can sound insulting. Find people who can deliver education in a way that is understood and trusted by the community members they are addressing. It is important to develop education strategies in cooperation with local organizations that are in touch with a community being addressed. Information needs to be appropriately presented. For example, one Spanish version of a brochure will not serve all Hispanic communities, not all of which use the same vocabulary, share the same life experiences, or have the same cultural background.

There is a possibility of "dual bias" on the part of a community; that is, discrimination on the basis of HIV, and discrimination on the bias of color or ethnicity. School districts may have to handle both issues, and this will complicate a potential crisis. It is important to stress that HIV is transmitted by risky behavior, not by "risk groups." Anyone can be infected if they engage in activities that may expose them to HIV.

Identify an expert in conflict resolution, in case one is needed. Policymakers should identify, in advance, potential sources for help with resolving conflicts. Superintendents and administrators who have already resolved AIDS-related conflicts in their communities can be particularly helpful. They can share practical tactics that have helped settle a crisis. A superintendent who is facing a potential or real crisis can place a confidential call to the state department of education to discuss the situation and obtain referrals to people in the region who have handled a similar problem. State departments of education can aid superintendents by keeping a list of people and organizations that can offer assistance. Other resources include the organizations that helped develop this publication, other national and state education associations, the National Council of Churches, and the Community Relations Service at the U.S. Department of Justice.

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Someone at School has AIDS
A Guide to Developing Policies for Students and School Staff Members
Who Are Infected With HIV
National Association of State Boards of Education

HIV and AIDS

POLICIES, RESOLUTIONS, AND PRINCIPLES FOR AIDS PREVENTION EDUCATION

School officials who are seeking guidance in the creation of policies regarding students infected with HIV as well as HIV and AIDS prevention education may find the following policies and resolutions useful. The policies of The Council for Exceptional Children pertain to students with special health care needs and the management of infectious, communicable, and contagious diseases. The resolutions from the National Congress on Parents and Teachers (PTA) cover a range of issues including information dissemination, testing blood supplies, and placement of students infected with HIV.

THE PRESIDENT'S DOMESTIC POLICY COUNCIL'S PRINCIPLES FOR AIDS EDUCATION

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

> Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive federal effort in AIDS education.
>
> The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.
>
> The federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
>
> Any health information developed by the federal government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.
>
> Any health information provided by the federal government that might be used in schools should teach that children should not engage in sex, and the information should be used with the consent and involvement of parents.

Note: Permission granted to photocopy these principles.

AAHE STATEMENT REGARDING HIV INFECTION PREVENTION EDUCATION

AIDS, a serious health problem, is currently an issue of concern to many Americans. The Association for the Advancement of Health Education recommends that accurate and current information about AIDS be a part of a comprehensive school health education instructional program. Because AIDS research information is changing rapidly, it is imperative that the educational process utilize professionally trained health educators.

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STUDENTS WITH SPECIAL HEALTH CARE NEEDS (CEC, 1988)

The Council for Exceptional Children believes that having a medical diagnosis that qualifies a student as one with a special health care need does not in itself result in a need for special education. Students with specialized health care needs are those who require specialized technological health care procedures for life support and health support during the school day.

The Council believes that policies and procedures developed by schools and health care agencies that serve students with special health care needs should (1) not exclude a student from receipt of appropriate special education and related services; (2) not exclude a student from receipt of appropriate educational services in the least restrictive environment; (3) not require educational agencies to assume financial responsibility for non-educationally related medical services; (4) define clearly the type, nature, and extent of appropriate provider; (5) assure that placement and service decisions involve interdisciplinary teams of personnel knowledgeable about the student, the meaning of the evaluation data, and placement options; (6) promote a safe learning environment, including reasonable standards for a clean environment in which health risks can be minimized for all involved; (7) provide assurance that health care services are delivered by appropriate and adequately trained personnel; (8) provide appropriate medical and legal information about the special health care needs of students for all staff; (9) provide appropriate support mechanisms for students, families, and personnel involved with students with special health care needs; and (10) provide appropriate and safe transportation.

The Council for Exceptional Children believes that special education personnel preparation and continuing education programs should provide knowledge and skills related to: (1) the nature and management of students with special health care needs; (2) exemplary approaches and models for the delivery of services to students with special health care needs; and (3) the importance and necessity for establishing support systems for students, parents/families, and personnel.

Recognizing that this population of students is unique and relatively small, The Council for Exceptional Children still believes that the manner in which policies are developed and disseminated related to students with special health care needs is critically important to effective implementation. In development of policy and procedure for this low-incidence population, the following must be considered integral to any such process: (1) that it can be developed through collaborative efforts of health and education agencies at state, provincial, and local educational, health, and legal requirements; (3) that it provides for frequent review and revision of intervention techniques and programs as a result of new knowledge identified through research, program evaluation and monitoring, and other review mechanisms; (4) that policies are supported by data obtained from medical and educational professions; (5) that policy development is easily understandable by students, professionals, and the public at large; and (6) that policy development and dissemination should be a continual process and disassociated from pressures associated with precipitating events.

Note: Permission granted to photocopy this policy.

MANAGING COMMUNICABLE AND CONTAGIOUS DISEASES (CEC, 1991)

Controlling the spread of communicable and contagious diseases within the schools has always been a problem faced by educators, the medical profession, and the public. Effective policies and procedures for managing such diseases in the schools have historically been developed by health agencies and implemented by the schools. These policies and procedures were primarily designed to manage acute, temporary conditions rather than chronic conditions which require continuous monitoring and remove children from interaction with other children while the condition is contagious or communicable.

Recent public awareness of chronic infectious diseases such as those with hepatitis B-virus, cytomegalovirus, herpes simplex virus, and human immunodeficiency virus have raised concerns, necessitating the reassessment or at least clarification of school policies and procedures. The Council believes that having a chronic infection does not in itself result in a need for special education. Further, The Council believes that schools and public health agencies should assure that any such infectious and communicable disease policies and procedures:

a. Do not exclude the affected child from the receipt of an appropriate education even when circumstances require the temporary removal of the child from contact with other children.

b. Provide that determination of a non-temporary alteration of a child's educational placement should be done on an individual basis, utilizing an interdisciplinary/interagency approach including the child's physician, public health personnel, the child's parents, and appropriate educational personnel.

c. Provide that decisions involving exceptional children's non-temporary alterations of educational placements or services constitute a change in the child's Individualized Education Program and should thus follow the procedures and protections required.

d. Recognize that children vary in the degree and manner in which they come into contact with other children and school staff.

e. Provide education staff with the necessary information, training, and hygienic resources to provide for a safe environment for students and educational staff.

f. Provide students with appropriate education about infectious diseases and hygienic measures to prevent the spread of such diseases.

g. Provide, where appropriate, infected children with education about the additional control measures that they can practice to prevent the transmission of the disease agent.

h. Enable educational personnel who are medically at high risk to work in environments which minimize such risk.

i. Provide educational personnel with adequate protection for such personnel and their families if they are exposed to such diseases through their employment.

The Council believes that special education personnel preparation programs should

a. Educate students about infectious diseases and appropriate methods for their management.

b. Counsel students as to how to determine their level of medical risk in relation to certain diseases and the implications of such risk to career choice.

The Council believes that the manner in which policies for managing infectious (communicable and contagious) diseases are developed and disseminated is important to their effective implementation. Therefore the following must be considered integral to any such process:

a. That they be developed through the collaborative efforts of health and education agencies at both the state, provincial, and local levels, reflecting state, provincial and local educational, health and legal requirements.

b. That provision is made for frequent review and revision to reflect the ever-increasing knowledge being produced through research, case reports, and experience.

c. That policies developed be based on reliable identified sources of information and scientific principles endorsed by the medical and educational professions.

d. That policies be understandable to a variety of consumers including students, professionals, and the public.

e. That policy development and dissemination be a continual process and disassociated from pressures associated with precipitating events.

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RESOLUTION ON AIDS — INFORMATION AND DISSEMINATION (PTA, 1986)

Whereas, one object of the PTA is "to promote the welfare of children and youth in the home, school, community and place of worship;" and

Whereas, the AIDS epidemic has rapidly become one of the most complex public health problems in our nation's history, affecting both adults and children of all ages; and

Whereas, without education about how HIV is transmitted, the infection will spread at an alarming rate; therefore be it

Resolved, that the National PTA make available to its constituent bodies information on acquired immunodeficiency syndrome from medically related organizations such as the Centers for Disease Control, the American Academy of Pediatrics, and the U.S. Public Health Service of the U.S. Department of Health and Human Services; and be it further

Resolved, that the National PTA encourage its states, districts or regions, councils, and units, in cooperation with said medical groups and representatives of state departments of health and education, to conduct workshops and disseminate information on the disease's nature, transmission, and legal, social and emotional consequences, so that parents, students, educators, and the general public may be more knowledgeable as they encourage and consider state and local district policies addressing this issue; and be it further

Resolved, that the National PTA urge its constituent bodies to encourage health officials to support continued testing of supplies of blood in all blood banks prior to use, so that recipients of blood are not infected with HIV.

Whereas, 183 of the reported cases of acquired immunodeficiency syndrome (AIDS) were among children under the age of 18, as of August 1985; and

Whereas, none of the identified cases of HIV infection in the United States is known to have been transmitted in the school, day care or foster care setting; and

Whereas, the Centers for Disease Control, in consultation with several health associations as well as the National Association of Elementary School Principals and the Board of Directors of the National Congress of Parents and Teachers, released the following statement in August, 1985, "These children should be allowed to attend school and after-school day care and can be placed in foster homes in an unrestricted setting;" therefore be it

Resolved, that the National Congress of Parents and Teachers believes that in the case of diagnosed acquired immunodeficiency syndrome, the child's physician, public health officials, the parents or guardians of that child, and the appropriate school personnel should be responsible for determining the most suitable placement for that public school child; and be it further

Resolved, that the National Congress of Parents and Teachers discourage social displays that would seek to segregate, persecute or ban children with AIDS from school.

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The National PTA
700 North Rush Street
Chicago, IL 60611-2571
(312) 787-0977

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APPENDIX A5

WORKSHEET

HIV Infectious Disease Policy Subcommittee

HIV Infectious Disease Policy Development

Goal: To adopt effective HIV infectious disease policies

Objectives:

- To develop or improve guidelines for managing HIV infection in the schools
- To involve school personnel, experts, and diverse representatives of the community in policy development
- To establish procedures for updating infectious disease policy
- To communicate policy decisions to school and community
- Other: ______________________________
- Other: ______________________________

HIV Infectious Disease Policy Subcommittee

Subcommittee members	Consultants

Which resource materials will the subcommittee use?

____

____

____

A5—2

By whom, how, and when will the subcommittee be educated about HIV and AIDS and their impact upon school staff, students, and community needs?

By whom: __________ How: __________ When: __________

By whom: __________ How: __________ When: __________

What issues does the school board need to consider about school staff members or students who may be infected with HIV?

Infectious disease policy for students __________

Infectious disease policy for school personnel __________

What steps are the subcommittee and the school board taking to ensure open discussion and feedback before decisions are made?

How will the school board communicate policy decisions?

To staff: __________

To parents/community: __________

How will the subcommittee and the school board work with the media?

What problems does the subcommittee foresee? __________

A5—3

How will the school board respond upon learning that a staff member or student has HIV, has AIDS, or has died from AIDS?

____

____

____

How frequently will the school board receive progress reports on our work?

Date: ________________ To whom: ________________

Date: ________________ To whom: ________________

Date: ________________ To whom: ________________

When will the subcommittee and the school board review and reevaluate the HIV infectious disease policy?

____

____

____

Schools Face the Challenge of AIDS, Education Development Center, Inc., Stu Cohen, Eva Marx, Doryn Davis Chervin, 1990

Universal Precautions

EXPLANATION

Diseases that are caused by germs are called infectious diseases. A person becomes infected when the germ gains access to the body in such a way that the germ can reach a vulnerable tissue. With respect to Acquired Immunodeficiency Syndrome (AIDS), the vulnerable tissue is chiefly white blood cells called T cells. The AIDS virus gains access to the T cell by entering a person's blood stream.

Universal precautions are procedures to protect a person from becoming infected with germs (i.e., microorganisms such as bacteria and viruses that can cause disease). The term *universal* means all body fluids that might contain germs are treated with caution even if one does not know for sure that the germs are present. Sometimes a person can have an infection without outward signs; therefore, it is wise to be careful whether or not a person actually looks ill.

With respect to the virus that causes AIDS, the human immunodeficiency virus (HIV), the body fluid of greatest concern in the school environment is blood. It is important to prevent blood-to-blood contact. Simple measures are adequate to assure this. In the home, school, or workplace the primary concern is to manage clean up by using gloves. For example, if a child has a nose bleed, the use of universal precautions would mean the adult caring for the child would wear plastic gloves while applying pressure to stop the nose bleed and would wear either plastic or rubber gloves while cleaning up the blood. Disposable towels may be used for the clean up. The area that had the blood on it should be disinfected with bleach solution (one part bleach to nine parts water) or other disinfection agent. The clean up materials should be disposed of in plastic bags. Plastic gloves are disposed of in the same manner. Rubber gloves can be washed and reused as long as there are no holes or cracks in them. Correct procedure necessitates clean up and disposal while wearing the gloves. The last thing placed in the plastic disposal bags are the gloves worn during clean up. The final step is to wash the hands thoroughly in hot water with soap.

SPILL DRILLS

It is very important for children of all ages to understand that blood may be dangerous because it may carry disease agents. Just as one does not wait for a fire to help children know how to be safe in the event of fire, it would be advantageous to have a drill to inform youngsters about correct procedure in the event of a bleeding injury. All teachers are expected to practice universal precautions in dealing with such injuries. By having a "spill drill," the teacher can explain that universal precautions are used to help everyone be safe from diseases that might be carried in the blood, and because germs are so small we cannot tell if they are present. Therefore, we are always careful to be on the safe side. Young children should step back from the area of a spill, and if no adult is present, one child should go for assistance. The adult can then model the correct use of gloves, other items that prevent contamination, correct disposal of these protective aids, and hand washing after this is completed. For older children added comments about first aid procedures might be made.

CASUAL CONTACT

Often time people are confused about the apparent contradiction between insistence on universal precautions when we also insist that causal contact is not a concern in transmission of the HIV. The phrase casual contact means virtually any kind of contact with another person except sexual intercourse or exchange of blood. Centers for Disease Control (CDC) very early in the AIDS epidemic established household contact studies to learn if everyday living environments would put someone at risk of HIV infection. The results show clearly that unless house mates had sex with or shared needles with or were born of infected persons, they were not risking transmission of the virus, as judged by their HIV antibody test reactions. Approximately 500 subjects participated in these early studies which were reported in the *New England Journal of Medicine* 317:1125, 1987.

Guidelines for Handling Blood and Other Body Fluids in Schools

- **Wear disposable, waterproof gloves**

- **Dispose of the gloves used in a plastic bag or lined trash can, secured and dispose of daily**

- **Wash hands for 10 seconds with soap and warm running water after disposing of used gloves.**

- **If gloves are not available, wash your hands and other affected skin for 10 seconds with soap and warm running water after direct contact has ended. (Wiping a runny nose does not pose a risk for HIV transmission.)**

- **Handle contaminated disposable items (tissues, paper towels, and diapers, for example) with gloves and dispose of these items in the same manner as used gloves.**

- **Handwashing:**
  soap and warm water and vigorous washing under a stream of running water for approximately 10 seconds. Rinse hands under running water and dry thoroughly with paper towels or a blow dryer.

- **Disinfectants:**
  Nine parts water to one part household bleach (1/4 cup bleach to one gallon of water) or EPA-registered germicide will destroy HIV, and should be used to clean all body fluid spills.

- **Disinfecting hard surfaces and equipment:**
  after removing the soil, apply germicide (bleach/water solution) to the equipment used. Soak mops in this solution after use and rinse thoroughly with warm water. Nondisposable cleaning equipment such as dustpans and buckets should be rinsed in germicide solution.

- **Laundry instructions for soiled clothing:**
  launder clothes with soap and water to eliminate infectious agents. The addition of bleach will further reduce number of potential infectious agents. Pre-soaking may be required for heavily soiled clothing.

Source: *Responding to HIV and AIDS* (1989). Morrow, GA: National Education Association Health Information Network.

AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT: PEDIATRIC GUIDELINES FOR INFECTION CONTROL OF HIV (AIDS VIRUS) IN SCHOOLS AND OTHER SETTINGS* — PARTS I & II

AIDS, the most severe manifestation of infection with the Human Immunodeficiency Virus (HIV), has been diagnosed in more than 900 children under 13 years (May 1988) throughout the United States, 77% of whom have been infected in utero or perinatally secondary to maternal infection. Risk factors for maternal infection include intravenous drug abuse or sexual contact with partners who are intravenous drug abusers or bisexual. The remainder of children, including a high proportion of hemophiliacs, have been infected through blood or clotting factor infusion in the period between 1979 and 1985. In addition, adolescents have acquired infection through sexual activity and intravenous drug use, as well as transfusion of contaminated blood or blood factors.

The criteria for diagnosis of AIDS in children differ in some ways from those for adults, and the most recently published diagnostic criteria (September 1987) include the expanded spectrum of disease, such as recurrent bacterial infections and encephalopathy, as well as including children with presumptive diagnosis of AIDS-associated diseases such as lymphoid interstitial pneumonitis. There is no accurate estimate of the numbers of infected asymptomatic children or of infected children with milder symptoms that do not meet the criteria for the diagnosis of AIDS. Although most cases of pediatric HIV infection have been identified in New York City, Newark, Miami, and Los Angeles, cases are appearing in other locations. Thus HIV infection in childhood is becoming more widespread, but in many states it is still quite rare.

Since the cause of AIDS is a virus transmissible from human to human, pediatric health care workers must adjust infection control guidelines to meet this new threat. However, in formulating these guidelines, physicians must constantly bear in mind that HIV is not highly contagious, and that transmission ordinarily requires repeated sexual contact or intravenous inoculation. In fact, prospective studies suggest that the risk of HIV acquisition by accidental needlestick with contaminated needles is under 1 %, and the risk from other types of nonsexual ("casual") exposure appears to be considerably smaller. Despite the tens of thousands of exposures of health care workers to blood and body fluids, only five infections acquired by contamination of skin or mucous membranes have been reported. Thus, the guidelines below are suggested as reasonable ways in which to meet the threat of HIV transmission in pediatric health care settings, taking into account both the potential devastating effect of infection and the rarity of its occurrence. Detailed recommendations not specifically directed at pediatrics have recently been published by the Centers for Disease Control and cover certain matters not considered here, such as serologic testing, handling of laundry, etc. In this document, the CDC recommends universal precautions for blood and body fluids of all patients whether known to be HIV seropositive or of unknown HIV status. The [American Academy of Pediatrics] AAP Task Force does not believe that universal precautions can be recommended for children without taking into account the regional prevalence of infection rate in children and the distinction between the transmission capabilities of blood-contaminated and blood-free body fluid.

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Basic Premises

The guidelines that follow are based on the following facts and assumptions:

1. Human immunodeficiency virus (HIV) has been isolated from blood (including lymphocytes, macrophages, and plasma); other internal body fluids such as cerebrospinal fluid and pleural fluid; and human milk, semen, cervical secretions, saliva and urine. Epidemiologically, only blood, semen, cervical secretions, and (rarely) human milk have been implicated as the means of transmission of the virus from one person to another. HIV has been documented to be transmitted from an infected person to a person who was not infected by three routes: sexual intercourse (either heterosexual or male homosexual), parenteral inoculation of blood (most often among drug users who share syringes and needles for injection), and congenital or perinatal transmission from a woman to her fetus or newborn.

2. Whereas body fluids such as tears, saliva, urine, and stool may contain HIV in low concentration, there is no evidence that transmission has occurred by contamination with these fluids. No studies in the literature or cases reported to the Centers for Disease Control suggest transmission of HIV by urine, feces, saliva, tears, or sweat. Similarly no studies or reports have suggested transmission of HIV in school or day care settings or during contact sports such as football, boxing, or wrestling.

3. The risk of HIV infection to health care workers, including physicians and nurses, who are taking care of persons who have AIDS or are infected with HIV is extremely low. The number of AIDS cases reported in health workers is proportional to the number of adults employed in health care settings, and 95% of these persons give a history of a specific risk of infection unrelated to their employment. Six prospective studies have evaluated 2,421 health care workers who have been exposed one or more times to blood or other potentially infectious body fluids of persons with AIDS or HIV infection. Most of these workers were exposed to blood from an infected person, and most had sustained a needle-stick injury. Only four workers are known to have seroconverted to HIV, all following a needlestick injury, and one worker was found to be seropositive 10 months after exposure to any secretions or excretions from an infected patient. A study in dentists has found a similarly low rate of HIV infection.

   Overall, the risk of HIV infection after direct exposure by needlestick to blood from an infected person is less than 1%. The risk from the other types of exposures, including exposure of nonintact skin or mucous membranes, appears to be much lower. Much of the concern about the risk of infection in the health care setting has arisen from nonprospective case reports of infection after exposure of skin or mucous membranes. In addition to the cases reported in the prospective studies, six health care workers and one research laboratory worker (who was cut while working with concentrated virus) from the U.S. and four from other countries have been reported to have seroconverted after parenteral exposure. Five other health care workers and one research laboratory worker who have not reported other risks for infection have been found infected, although seroconversion proximate to a specific injury or exposure was not documented. Three of these health care workers apparently became infected after contact with blood from an infected patient onto nonintact skin (dermatitis, abrasion, etc.)

Two of the health care workers who became infected were providing nursing or home health care without following recommended precautions. One was a mother who was assisting with care for her child who had unknowingly been infected with HIV through a blood transmission. The mother had extensive contact with the child's blood, secretions, and excretions during a lengthy hospitalization of the child, but did not wear gloves and often did not wash her hands immediately after exposure.

4. Studies of household contacts of AIDS patients have failed to document infection except for those with known risk factors suggesting that the route of transmission was sexual or perinatal, not "casual contact." HIV was transmitted from an infected person only by sexual contact or sharing of equipment for injection of drugs. HIV was not transmitted by close household or family contact, even by the sharing of personal items such as razors, toothbrushes, towels, clothes, eating utensils, and drinking glasses or of bedroom, bathroom, and kitchen facilities. Family members helped the infected person bathe, dress, and eat, and interacted with kisses on the lips. One of the studies included the family members of 35 children (mostly infants) infected through transfusion, and another included 125 infants or children less than four years of age who had both clinical and serologic evidence of HIV infection. In the former study, 31 siblings lived with the infected children, and in the latter study 90 children (age range not stated) lived in the families with infected adults and children; none of these children became infected even though they shared items, slept in the same beds, and participated normally in family activities and interactions, including hugging and kissing.

   One case report, however, does indicate that transmission within a household setting might occur, although the means of transmission from a young boy (infected at about 18 months of age by transfusion) to his brother who was approximately four years old is not known. The report does cite one instance in which the younger brother bit the older, but the skin of the older boy was unbroken and it is not clear that his act resulted in the transmission.

   Other reports definitely indicate that biting did not transmit HIV from an infected biter to the person bitten. In one of the reports, 30 health care workers were bitten and/or scratched by a neurologically impaired adult, the injuries often resulting in puncture wounds of the skin. One report, however, suggests transmission of HIV by a bite from an infected woman to her sister; the bite occurred shortly after the infected woman had been hit in the mouth, and her mouth was actively bleeding when she bit her sister. In this instance, the transmission more likely occurred from blood than from saliva.

5. Serologic screening for HIV infection of all children who come for medical care is not currently justified for the following reasons: it would not detect all infected infants (some may be antibody-negative owing to failure to mount an antibody response), it would result in many false-positive tests, it would only be retrospective in situations where urgent medical care had already been given, and it would involve extraordinary costs.

6. Given the above, and considering that children who are asymptomatically infected or who are ill but not yet diagnosed as having HIV infection may, nevertheless, carry infectious virus in their blood, it is preferable to treat all children in high prevalence areas as potentially carrying infections communicable by blood or blood contaminated body fluids. Such a policy would also reduce the transmission of other more common contagious body fluids. Such a policy would also reduce the transmission of other more common contagious diseases, such as hepatitis B. However, this recommendation should be tempered by local conditions and community decisions about the acceptable level of risk. In many large urban areas, infection rates are already high enough to convince most physicians that these

precautions should be taken. Hospitals in other areas should undertake periodic anonymous serosurveys in order to decide when to undertake the recommendations below. The serosurveys could be done on random populations of hospitalized children, on cord bloods of newborns (which reflect the serology of adult women), on specimens from women seeking prenatal care, or on adolescents. These surveys should be conducted in consultation with local health departments or the Centers for Disease Control. Another index that could be used to generate acceptance of precautions is simply the confirmation of indigenous perinatal HIV infection in a particular area. In any case, the decision to consider an area "high prevalence" must be a local decision.

Body fluids and procedures for which gloves are recommended:

Blood
Blood-contaminated fluids
Wound treatment

Body fluids# and procedures for which only handwashing is recommended:

Urine
Stool
Vomitus
Diaper changing
Tears
Oral secretions
Nasal secretions

# Body fluids that are not contaminated with blood

Infection Control Requirements for Exposure to Blood and Other Body Fluids
Table 1

Guidelines For Infection Control in Schools in High-Prevalence Areas

1. HIV infected children who are old enough to attend school can be admitted freely to all activities, to the extent that their own health permits. The child's physician should have access to consultative expertise to assist in decision making.

2. Thus all infected children will not necessary be known to school officials in high-prevalence areas, and because blood is a potential source of contagion, policies and procedures should be developed in advance to handle instances of bleeding. Such policies and procedures should be based upon the understanding that even within an area of high prevalence, the risk of HIV infection resulting from a single cutaneous exposure to blood from a school-aged child or adolescent with unknown serologic status is minute. Considering such minimal risk, the only mandatory precautionary action should be washing exposed skin with soap and water. Lacerations and other bleeding lesions should be managed in a manner which minimizes direct contact of the caregiver with blood. Schools in high-

prevalence areas should provide access to gloves so that individuals who would wish to further reduce a minute risk may opt for their use. Under no circumstance should the urgent care of a bleeding child be delayed because gloves are not immediately available.

Guidelines For Infection Control In Day-Care Centers

Studies continue to show lack of transmission from HIV-infected individuals by nonsexual contact, even under conditions of intimacy, such as those that occur among children in day-care. Recommendations concerning placement of infected children in foster homes will be made in a separate document. In this document, we make the following recommendations relative to the admission of infected children to day-care centers, which supersede a prior recommendation from the Committee on Infectious Diseases:

1. HIV-infected children should be admitted to day care if their health, neurological development, behavior, and immune status are appropriate. The decision as to whether a child with known HIV infection may attend day care or be placed in foster care should be made on an individual case-by-case basis. This decision is best made by qualified persons, including the child's physician, who are able to evaluate a) whether the child will receive optimal care in the setting under consideration, and b) whether an infected child poses a potential threat to others. Most infected children who persistently bite others or who have oozing skin lesions may theoretically transmit the virus, although such has not been conclusively demonstrated (see "Basic Premises" above—Part I). Medical evaluation should be ongoing, to evaluate changes in the child's health.

2. If the child's personal physician is uncertain as to the efficacy or safety of placement within a school or group setting, consultation should be sought through individuals or groups with particular expertise regarding HIV infection and AIDS. States, municipalities, and professional groups should make available such expert help.

3. Screening of children seeking entrance to day care for the presence of HIV antibody is not warranted or recommended. First, the risk of HIV transmission in the day care setting is only hypothetical at present. Second, in populations of young children in which the prevalence of HIV infection is low, screening will likely result in a greater number of false-positive results than correctly identified infected individuals. Those with false-positive results will experience a great deal of unnecessary anxiety as well as the expense of medical evaluation.

4. Parents of children in the day care center have no "right" to information regarding HIV status of other children. Information regarding a child who has immunodeficiency, whatever its etiology, should be available to those caretakers who need to know (particularly the child's physician) in order to protect the child against other infections. This need to know, however, does not require knowledge of HIV status.

5. Where available, day care centers specific to the needs of children who are infected with HIV may represent an acceptable alternative placement, particularly to provide a supportive environment for the children, but these centers are not necessary for reasons of infection control. This alternative should not be used to isolate or segregate infected children.

6. Some children may be unknowingly infected with HIV or other infectious agents, such as hepatitis B virus; these agents may be present in blood or body fluids. Thus, responsible individuals in all day are and foster care settings in high-prevalence areas, and individuals in any day care center in which there is a known infected child, should adopt precautions for blood spills from all children as described in the "Guidelines for Schools" above. All child care personnel and educators should be informed about these procedures. For example, soiled surfaces should be promptly cleaned with disinfectants, such as household bleach (a 1:10 to 1:100 dilution of bleach water prepared daily). Disposable towels or tissues should be used whenever possible and properly discarded, and mops should be rinsed in the disinfectant. Cleaning personnel should avoid the risk of having their mucous membranes or any open skin lesions exposed to blood or blood-contaminated body fluids (by using disposable gloves, for example).

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* The decision to consider an area "high-prevalence" must be a local decision.
AAP Policy Statement on Health Guidelines for the Attendance in Day Care and Foster Care Settings of Children Infected with HIV. Pediatrics, 1987; 79:466-71.

Prevention of Infectious Disease Through Handwashing and Diapering Techniques and Management of Carriers of Infectious Disease

Section I—3.0

I. Personnel Section I—3.1

A. School nurse

B. Designated school personnel under indirect supervision
Designated school personnel includes all school personnel and volunteers who may have direct contact with the students and contaminated clothing, equipment, supplies, and surfaces of floors, walls, counters, and other items.

II. General Information Section I—3.2

A. The transmission of infectious diseases may be prevented by using medically accepted procedures for handwashing, diapering, and classroom cleanliness. Blood and body fluid precautions should be consistently used for all students regardless of suspected or known carrier status. Teaching and supervision of staff performing these preventive measures for the control of infectious diseases is an independent school nursing function and does not require a physician's authorization.

1. Carrier means a person who is infected with some pathogenic organism which evokes no outward manifestation of the disease but which, when transferred to another, may produce the onset of the specific infection. An example of a disease of particular concern is hepatitis B. (See the appendix for information regarding this disease.)
2. Transmission of infectious agent means any mechanism by which a susceptible human host is exposed to an infectious agent:
    a. Direct transmission means immediate transfer which takes place as a result of touching, kissing, or close, intimate contact, or the direct projection of droplet spray onto the conjunctivae or mucous membranes during sneezing, coughing, spitting, singing, or talking (usually not possible over a distance of more than three feet).
    b. Indirect transmission means delayed transfer which occurs when the intermediate object carries the virus to a suitable portal of entry (mucous membranes, break in skin, digestive tract). Intermediate objects may be toys, clothing, cooking or eating utensils, water, food, and milk or air contaminated by microorganisms.

B. Transmission of infectious diseases may occur more readily in preschools and special centers for severely handicapped children than in regular classrooms because of the close personal contact required for care.

C. Preventing the spread of infection requires that specific personal and environmental cleanliness techniques similar to those used in licensed health facilities must be practiced at all times.

D. Specific personal and environmental cleanliness techniques should be followed in centers for the severely handicapped, whether or not there are known carriers.

E. Prior to the enrollment of a state school resident, the state school authorities shall furnish the local school district with a medical status report on each child who will be served during the school day. The medical status report will include: medical diagnosis, pertinent medical history, specialized health care services required, current and complete immunization records, results of vision and hearing screenings within the past two years, and the hepatitis B status of the student. A hepatitis B baseline status report ideally should be current within six months of entry into school. A second test should be done within six months of entry into the public school. If the student's medical records indicate recent hepatitis B serology results and the hepatitis B surface antigen (HBsAg) remains positive on two separate occasions at least six months apart, then the attending physician may decide to repeat these tests on an annual basis to accurately evaluate the student's hepatitis B carrier status. All test results for hepatitis B should be included in the student's school health records.

. Prior to the enrollment of a known carrier or the continued attendance of a carrier in the regular or special classrooom, the school nurse shall develop procedures appropriate to the student's age and stage of development and for the specific disease (see appendix for description of specific diseases). The nurse should carry out the following procedures:
   1. Conduct a health and developmental assessment, including a review of the known carrier's medical records. Collaborate with parents and physician to ensure that the carrier's records are complete.
   2. Identify through a health history and laboratory tests those students who are carriers, exhibit aggressive behavior, or require specialized health care procedures.
   3. Identify appropriate personal and environmental cleanliness techniques in accordance with student and staff needs.
   4. If the regular program cannot be modified and the student is identified as an eligible handicapped student by the ARD committee, write appropriate objectives for the student's Individual Education Plan (IEP).
   5. Orient and train all staff members, including custodians, substitute teachers, volunteers, and bus drivers who will be in direct contact with the carrier. Orientation and training must be ongoing and must include new personnel.
   6. Verify the school district's efforts to prevent the spread of infection and to protect the health of employees and students by documenting the training and supervision of employees and by monitoring administration of biologics if necessary.

G. Each facility that has a known or suspected carrier in attendance must make provision for personal and enviromental cleanliness:
   1. Provide ready access to handwashing facilities for each classroom.
   2. Provide disposable paper towels. If cloth towels are used, discard them with other contaminated linens after each use.
   3. Maintain storage areas for clean clothing, linens, utensils, equipment, and disposable items. These areas must be separate from areas used for storage of soiled items.
   4. Keep soiled disposable items in covered waste receptacles double-lined with disposable plastic bags. At the end of each day, the plastic bags are to be sealed and discarded. DO NOT REUSE.
   5. Keep soiled cloth diapers separate from soiled linens in covered waste receptacles double-lined with disposable plastic bags. Since infection can be spread through damp porous material, cloth laundry bags should not be used.
   6. Keep linens belonging to the school separate from those belonging to individual students.
   7. If diapers are washed at school, wash in hot, soapy water separately from the other linens.
   8. Provide custodial staff with a cleaning schedule (see Appendix A).

H. Handwashing is the single most important technique for preventing the spread of disease and should be done frequently. Wash hands with soap and running water:
   1. before putting on smock (or large blouse or shirt to cover street clothes) in preparation for working with the students
   2. before drinking, eating, or smoking
   3. before handling clean utensils or equipment
   4. before and after handling student's food
   5. before and after assisting or training the student in toileting and feeding
   6. before and after going to the bathroom
   7. after contact with body secretions, such as blood (including menstrual), urine, feces, mucus, saliva, or drainage from wounds
   8. after handling soiled diapers, menstrual pads, garments, or equipment
   9. after caring for any student, especially those with nose, mouth, or ear discharges
   10. after removing disposable gloves
   11. after removing smock or shirt when leaving the work area

I. All staff members should practice specific hygienic principles designed to protect themselves and others from infection. Staff members should:
   1. maintain optimum health through effective daily health practices, such as adequate nutrition, rest, exercise, and appropriate medical supervision
   2. avoid rubbing or touching eyes, lips, mouth, and nose
   3. wash hands frequently
   4. remove jewelry, such as rings, dangling bracelets, and earrings during working hours
   5. use one's own personal care items, such as combs, fingernail files, nail clippers, lipsticks, and toothbrushes
   6. keep fingernails clean and trimmed short
   7. refrain from kissing students
   8. refrain from putting hands or fingers in student's mouth

III. Guidelines for Handwashing

Section I-3.3

A. Purpose
to reduce the number of micro-organisms on the hands

B. Equipment

1. liquid soap in dispenser (preferred to bar soap)
2. paper towels (preferred to cloth towels)
3. hand lotion in a dispenser
4. covered waste receptacle with disposable plastic liners

C. Protocol for handwashing

Essential steps	Key points and precautions
1. Remove all jewelry	1. Jewelry should not be worn when working with students who require repeated physical contact and care. Micro-organisms can become lodged in settings or stones of rings.
2. Wet hands with warm, running water.	2. Warm water, combined with soap, makes better suds than cold water. Hot water removes protective oils and will dry skin. Running water is necessary to carry away dirt and debris.
3. Apply liquid soap and lather well.	3. Liquid soap is preferred to bar soap. Bacteria may grow on bar soap or in soap dishes.
4. Wash hands, using a circular motion and friction for 15 to 30 seconds.	4. Include front and back surface of hands, between fingers and knuckles, around nails, and the entire wrist area. Avoid harsh scrubbing to prevent skin breaks.
5. Rinse hands well under warm, running water.	5. Hold hands under the water so that water drains from wrist area to fingertip.
6. Repeat Steps 3 through 5.	6. All remaining bacteria and soil should now be removed.
7. Wipe surfaces surrounding sink with clean paper towel and discard the towel.	7. Damp surfaces promote the growth of bacteria.
8. Dry hands well with paper towels and discard towels immediately.	8. Because of frequent handwashing, it is important to dry gently and thoroughly to avoid chapping. Chapped skin breaks open, thus permitting bacteria to enter one's system.
9. Apply lotion as desired.	9. Lotion helps keep skin soft and reduces chapping.

IV. Guidelines for Diapering Section I—3.4

A. Purpose
to avoid cross-contamination when diapering

B. Equipment
1. changing table
2. supplies (soap, water, cotton balls or soft tissue) for cleaning the student's skin
3. plastic bags for student's soiled clothing
4. covered waste receptacle lined with disposable plastic bags for disposable diapers
5. covered receptacle lined with disposable plastic bags for soiled cloth diapers
6. plastic bag ties or masking tape for sealing disposable plastic bags (marked "contaminated") at time of discard
7. disposable plastic gloves (medium or large size, nonsterile)
8. disinfectant for cleaning changing table (see Appendix A)

C. Protocol for diapering
1. Facilities and equipment
   a. Diaper-changing area must be physically separate from food preparation and serving areas. Foodhandlers should not change diapers.
   b. For diaper-changing surface guidelines, see *essential steps* below.
   c. For handwashing sink guidelines, see *essential steps* below.
2. Supplies
   a. cleaning materials
   b. diapers
   c. skin-care items
3. Trash disposal
   a. Trash cans should be equipped with lids that close properly and tightly.
   b. Cans should be double-lined with thick plastic trash bags. Dispose of both bags if the inner bag has been broken.
   c. Trash cans should be located in the restrooms, the diaper-changing area, and wherever single-use, disposable items are used.
   d. Flush solid matter from cloth diapers down the toilet.
4. Report any unusual condition of the student's skin or stool (rash, diarrhea, etc.) to both the school nurse and the student's parents. A log of these conditions should be maintained.

Essential steps	Key points and precautions
1. Surface should be flat and covered with a protective, moisture resistant material that is easily cleaned between uses.	
2. The student's safety should be considered when choosing a table for diaper changing to ensure that falls will not occur.	Students should not be left unsupervised while on the table.
3. The surface should be high enough to be beyond a student's reach. The height should be at least three feet.	
4. Storage areas for disinfectants and diapering items (powders, pins, towelettes, etc.) should also be beyond the reach of students.	

Guidelines for Diapering, continued

Essential steps	Key points and precautions
5. A sink with hot and cold running water should be readily available, preferably in the same room as the diaper-changing table.	All staff involved with diaper changing must wash their hands thoroughly with soap and water after changing each child. Students should be encouraged to wash their hands after using the toilet.
6. Sinks should be equipped with soap, preferably liquid, and single-use disposable towels.	Bar soap may harbor bacteria.
7. Single-use disposable towels should be available in the diaper-changing area.	
8. After each diaper change, the diaper-changing table should be cleaned with a sanitizing solution (¼-½ cup of household chlorine bleach per gallon of water). This solution should be prepared daily and dispensed from plastic spray bottles. Label and store these away from students.	Keep all cleaning materials out of students' reach.
9. A second plastic spray bottle of water may be used to rinse off surfaces after sanitizing with the bleach solution.	
10. Sponges, cloth towels, etc. used in the diaper-changing area should be restricted for use in that area only. They should be laundered in hot, soapy water daily.	
11. The school should have a supply of disposable gloves for use when fecal soiling of the attendant's hands is possible.	Dispose of gloves after use. Wash hands after removing gloves.
12. Dispose of gloves immediately after use.	
13. Disposable diapers should be used whenever possible. Encourage parents to provide disposable diapers while the student attends school.	
14. Clean diapers should be stored separately to prevent contact with soiled diapers.	
15. Skin-care products should be used only if parents specifically request them.	
16. Skin-care items, such as lotions, powders, and petroleum jelly, should be provided by parents and labeled for their child's sole use.	It is important to prevent cross-contamination of skin-care items, especially where ointments and petroleum jelly are concerned as these must be dispensed and applied by direct hand contact.

V. Guidelines for Classroom Cleanliness

Section I–3.5

A. Purpose
to prevent transmission of infectious disease

B. Equipment
1. smock (large blouse or shirt to cover street clothes)
2. covered waste receptacles with disposable plastic bags
3. plastic bags that can be labeled and sealed for individual's soiled laundry
4. disposable plastic gloves (medium or large size, nonsterile)
5. disinfectant
6. liquid soap and dispenser
7. washer and dryer (if disposable linens are not available)
8. dishwasher (if possible and disposable eating utensils are not available)

C. Protocol for classroom cleanliness

Essential steps	Key points and precautions
1. Wash hands.	See Guidelines for Handwashing.
2. Wear a smock.	Smocks should be laundered in the facility's washer and dryer, if available, so that possible contaminated clothing is not brought into the home environment.
a. Use a clean smock each day.	
b. Always hang the smock right side out when leaving the work area for breaks and lunch.	This ensures that the side of the smock worn next to your clothing will remain clean.
3. If there are open cuts, abrasions, or weeping lesions on the employee's hands, wear disposable plastic gloves when having direct contact with a carrier.	Open skin areas provide entry points for infection.
a. Use a new pair of gloves in each situation in which handwashing is indicated. Dispose of gloves immediately after use.	See Guidelines for Handwashing.
b. Discard used gloves in plastic bag in covered waste receptacle.	
4. Store and handle clean clothing and linens separately from soiled clothing and linens.	When clothing and linens have been moved from the clean storage area, they are considered to be soiled.
a. Immediately place each student's soiled clothing linens in an individually labeled plastic bag which is to be sealed and sent home at the end of each day.	Because students may be undiagnosed carriers of infectious disease, all soiled articles should be treated as if they were contaminated.
b. Immediately place all soiled school linens in a plastic bag in a covered waste receptacle. Launder linens daily.	
5. Use specific techniques for handling food and utensils during preparation, serving, storage, and cleanup:	
a. Maintain a clean area of the kitchen for serving food.	Food, clean dishes, and utensils should be stored in a "clean" storage area.
b. Maintain a separate area of the kitchen for cleanup.	Because students may be undiagnosed carriers of infectious disease, all leftover food, dishes, and utensils should be treated as if they were contamined.
c. Scrape food from soiled dishes and/or place disposable dishes in plastic-lined, covered waste receptacle.	
d. Pour liquids into sink drain.	
e. Rinse dishes and utensils with warm water before placing them in the dishwasher.	Prerinsing of dishes removes food particles that might remain if the dishes were placed directly in the dishwasher.
f. Clean sinks, countertops, tables, chairs, trays, and any other area where foods or liquids have been discarded or spilled; use approved disinfectant. (See Appendix A.)	
g. Wash hands prior to removing clean dishes from the dishwasher and storing them in a "clean" area of the kitchen.	

Guidelines for Classroom Cleanliness, continued

Essential steps	Key points and precautions
6. Use specific housekeeping techniques for storing, cleaning, and disposing of classroom equipment, supplies, and other items.	
a. Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.	
b. Store each student's personal grooming items (combs, brushes, toothbrushes) separately.	For toothbrushes to be thoroughly air-dried after each use, they must be stored in separate holders labeled by client name that allow direct air contact.
c. In handling disposable diapers, at least once a day, seal and discard the inner disposable plastic bag used to line the covered receptacle. Double-bag any plastic bag that has become broken.	
d. Store and wash cloth diapers separately from other linens. At least once a day, seal and discard the soiled outer plastic bag used to line the covered waste receptacle.	
7. Use an appropriate disinfectant for all cleaning procedures. (See Appendix A.)	
a. Clean protective floor pads, bolsters, wedges, and so forth after each nonambulatory student has been removed and at the end of each day.	
b. Clean all equipment and toys at the end of each day.	Toys and equipment that cannot be readily disinfected should not be used, or should be provided for the exclusive use of individual students.
c. If a rug or carpet becomes soiled, clean it immediately.	Leave disinfectant on soiled area for the prescribed time before rinsing with clear water. Since wet disinfectant may cause contact dermatitis, staff and students should avoid the area until it is rinsed and dry.
d. Clean changing tables, bathtubs, sinks, portable potties, and toilet seats after each use. Rinse with clear water and wipe dry.	Rinsing and drying are essential to prevent contact with wet disinfectant which may cause dermatitis.

ppendix A

Cleaning Schedule and Selection of Disinfectants

Special Instructions
If reusable gloves are worn when a disinfectant is being used, they must be washed and air-dried after each use. They must be stored in the room of use in the areas reserved for soiled articles. Disposable gloves may be preferable.

Disinfectants must be selected and used in accordance with the information in this appendix.

If bleach solution is used, it must be mixed daily, and doors must be open for air circulation. A good, general working solution uses ¼-½ cup household bleach per gallon of water.

Clean the following areas and items daily:
Classrooms, bathrooms, and kitchen
Floors
Sinks and faucet handles
binet drawer handles
rknobs

Clean the following bathroom areas and fixtures daily:
Walls behind sinks
Toilets
Portable potty (After disinfecting, rinse with clear water and wipe dry.)

Vacuum carpets daily. (If rug or carpet is soiled, it should be disinfected immediately.)

Clean waste receptacles monthly.

Steam-clean carpets quarterly.

Selecting Disinfectants

Selecting Disinfectants
No single agent should be used for both handwashing and environmental disinfection because no single agent has been manufactured for the intended use of both environmental disinfection and germicidal handwashing. Many different chemical disinfectants and germicidal handwashing solutions are available commercially, and the selection of a single product is not an easy task. Such factors as cost, availability of vendors geographically, and the ease of use must be considered. Any chemical disinfectant, detergent, or germicidal handwashing product that is suitable and safe for hospital use and is registered by the U.S. Environmental Protection Agency (EPA) is suitable for use in a school setting.

A. Selection of an environmental disinfectant

1. Select an agent that is registered by the EPA for use as a disinfectant in medical facilities and hospitals.
2. Select an agent that belongs to one of the following classes of disinfectants:
   a. Ethyl or isopropyl alcohol (70-90 percent)
   b. Quaternary ammonium germicidal detergent solution (2 percent aqueous solution)
   c. Iodophor germicidal detergent (500 ppm available iodine)
   d. Phenolic germicidal detergent solution (1 percent aqueous solution)
   e. Sodium hypochlorite (100 ppm available chlorine)
3. If the products are used in accordance with the manufacturer's instructions, they are safe to use.

B. Selection of germicidal handwashing agent (If the staff is conscientious about using the suggested handwashing techniques, germicidal solution is not necessary.)

1. Select a germicidal handwashing agent that is registered by the EPA for use as a germicidal handwashing agent.
2. Select a product that has one of the following active antimicrobial agents in it:
   a. Chlorhexidine
   b. Iodophors
   c. Alcohols
3. If these products are used in accordance with the manufacturer's instructions, they are safe to use.

School Nurse Handbook For The School Health Program, Texas Education Agency, Division of Curriculum Development, Comprehensive School Health Programs, 1989

Texas Preventable Disease

NEWS

Frank Bryant, Jr. MD, FAAFP
Chairman
Texas Board of Health

Robert Bernstein MD, FACP
Commissioner

Bureau of Disease Control and Epidemiology,
1100 West 49th Street, Austin, Texas 78756 (512-458-7455)

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APPENDIX H

contents:

Universal Precautions: Improving the Response
Avoiding Microwave Burns

UNIVERSAL PRECAUTIONS: IMPROVING THE RESPONSE

Human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), is transmitted through sexual contact, exposure to infected blood or blood components, and perinatally from mother to neonate.

In August of 1987, the Centers for Disease Control (CDC) published "Recommendations for Prevention of HIV Transmission in Health-Care Settings."[1] This document recommends that blood and body fluid precautions be consistently used for all patients regardless of their infection status. This extension of blood and body fluid precautions to all patients is referred to as "universal blood and body fluid precautions" or "universal precautions."

Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, hepatitis B virus (HBV), and other bloodborne pathogens. The CDC's 1988 publication "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health-Care Settings" lists the following body fluids as requiring universal precautions:[2]

1. Blood or other body fluids containing visible blood
2. Semen, vaginal secretions
3. Tissues
4. The following fluids
   a. cerebrospinal fluid
   b. synovial fluid
   c. pleural fluid
   d. peritoneal fluid
   e. pericardial fluid
   f. amniotic fluid

Conversely, universal precautions do not apply to the following unless they contain visible blood:[2]

1. Feces
2. Nasal secretions
3. Sputum
4. Sweat
5. Tears
6. Urine
7. Vomitus
8. Saliva

The increasing prevalence of HIV increases the risk that staff members will be exposed to blood from people infected with HIV, especially when universal precautions are not followed for all persons. In the Texas Department of Corrections (TDC), the entire staff, both health care and security, must consider all persons as potentially infected with HIV, HBV, or other bloodborne pathogens and adhere rigorously to infection control precautions for minimizing their risk of exposure to blood and body fluids as suggested by the CDC.

To meet this challenge, the TDC Health Services staff has developed the "Clean-up Kit" for cleaning and decontaminating spills of blood and other body fluids. The kit is packaged in a 12" x ~~15~~" clear ziplock bag and contains the following supplies:

BEST COPY AVAILABLE

1. Disposable gloves, vinyl, non-sterile (2 pair)
2. Clean rags (4)
3. Paper towels (15)
4. Red disposable bag marked "contaminated," 23" x 10" x 39", 1.5 mil (1)
5. Clear plastic bag, 23" x 10" x 39", 1.5 mil (1)
6. Bottle of hospital disinfectant, 16 oz (1)

The agency's Infection Control Committee chose to use a chemical germicide (Super Wex-cel*) in the Clean-up Kit instead of sodium hypochlorite (household bleach) for a number of reasons. 1) The chemical germicide is tuberculocidal and approved for use as a "Hospital disinfectant" when used at recommended dilutions to decontaminate spills of blood and other body fluids.[1] 2) It is non-iodine based and will not stain. 3) Sodium hypochlorite solution must be prepared daily,[1] which is not logistically feasible at TDC. 4) The hospital disinfectant has a longer shelf-life than the sodium hypochlorite and is more economical. 5) The disinfectant is listed in the TDC formulary and is available on contract.

A one-page sheet of instructions is also included in the kit and describes procedures for cleaning and decontaminating spills of blood and other body fluids as follows:

1. Obtain a Clean-up Kit.
2. Open the bag.
3. Remove supplies.
4. Open the large, clear plastic bag and the large, red plastic bag. Set them next to each other.
5. Put on one pair of gloves.
6. Use paper towels to absorb as much of the fluid as possible; then place paper towels in the large clear bag.
7. Pour "hospital disinfectant" carefully onto spill area. Dispose of the empty bottle in the large, clear plastic bag.
8. Use rags to clean area. Place rags in the large, clear plastic bag.
9. Tie off the clear plastic bag and place inside the red trash bag for contaminated waste.
10. Remove gloves carefully and place in the red plastic bag.
11. Tie the red contaminated trash bag closed. Put on the second pair of gloves and dispose of red, contaminated trash bag properly in a cardboard receptacle for contaminated waste.
12. If your second pair of gloves becomes contaminated during transport of bag, they must be disposed of in the cardboard receptacle for contaminated waste. If they are not contaminated, they may be disposed of with the regular waste.
13. Wash your hands.
14. Pick up an additional "Clean-up Kit" from your medical department.

DO NOT PLACE LINEN OR NON-DISPOSABLE ARTICLES IN THE RED CONTAMINATED TRASH BAG.

Contaminated linens and non-disposable articles are decontaminated according to routine infection control policies.

These kits are cost-effective, disposable, readily distributed to areas where access to water may be limited, and easily assembled by the agency.

---

*Trade name used for identification only.

Sample Letter

Dear Parent,

AIDS is a very serious health problem. Young people can get it through sex or using drugs. Beginning ____(date)____, your child will be taking a health class on AIDS.

You are invited to a meeting for parents. It will be held on ____(date)____ at ____(time)____ at ____(place)____. At this meeting, we will talk about AIDS and what your child will be learning at school. We will show you the lessons that will be taught. You can ask any questions that you have.

You can help at home by talking with your child about how to prevent AIDS. This meeting can help you learn to do that.

We hope that you can come.

Sincerely,

____
(Principal)

or

____
(Teacher)

EJEMPLO DE CARTA

Estimados Padres:

El SIDA es un problema de salúd muy serio. Los jovenes lo pueden contraer por medio del contacto sexual o por el uso de drogas. Empazando el dia ______________________________ su hijo estará en una clase de salúd en la cual se le enseñará acerca del SIDA.

Les invitamos a ustedes para que asistan a una reunión para padres que se llevará a cabo el día ______________________________ a las ______________________________ en ______________________. Durante esta junta, se conversará en la clase. Mostraremos a los padres las lecciones que se presentarán a los estudiantes durante la clase y tendrán a los estudiantes durante la clase y tendrán la oportunidad de hacer las preguntas que quieran.

Ustedes podrán ayudar en el hogar al conversar con su hijo acerca de como él puede prevenir el contagio por el SIDA. Esta junta les ayudará a ustedes saber como hacer esto. Esperamos que puedan asistir.

Sinceramente,

Sample Letter for Adolescent Special Education Students

Dear Parent,

We who teach in Special Education are concerned that our boys and girls have every opportunity to be safe and happy. We know you want that, too.

The reality of AIDS prompts us to make special efforts to help our students practice healthy behaviors and not practice unhealthy behaviors. This year we will teach these concepts at times throughout the year when the topics are brought up by students. We will also teach special lessons on the following:

- Normal changes as boys and girls move into adolescence
- Healthy behaviors/good decisions
- Body privacy/sources of help
- How people contract AIDS

We hope you will also continue to teach your son/daughter at home. I have attached a brochure from the Texas Department of Health for your use and information.

Please call me at ____________________ if you have questions or comments. A good time to call is __________. Thank you for working with us in the best interest of your child.

Sincerely,

(Teacher)

EJEMPLO DE CARTA PARA ESTUDIANTES ADOLESCENTES DE EDUCACION ESPECIALIA

Estimados Padres:

A nosotros quienes trabajamos en Educación Especial, nos preocupa que los ninõs tengan toda oportunidad de estar seguros y contentos. Sabemos que ustedes también quieren ésto.

La realidad del SIDA nos impulsa a hacer esfuerzos especiales para ayudar a nuestros estudiantes a tener prácticas saludables y no prácticas no saludables. Este año escolar les enseñaremos estos conceptos cuando sean iniciados por los estudiantes. Además enseñaremos lecciones especiales en lo siguiente:

- Cambios normales de niños cuando se les aproxima la adolescencia
- La formación de buenos hábitos y buenas decisiones para la salud
- Cuidado personal y privado del cuerpo y recursos de ayuda
- Como se contrae el SIDA

Esperamos que ustedes continúen en la instrucción de su hijo en el hogar. Les incluyo un folleto del Departaments de Salubridad de Tejas para su información y su uso.

Si tienen alguna pregunta o algún comentario, por favor llámeme al ______________________. La hora más conveniente para llamar es ______________________________. Les agradecemos poder trabajar juntos para el mejoramiento de su hijo.

Sinceramente,

____
Maestro

SAMPLE LETTER FOR JUNIOR HIGH/MIDDLE SCHOOL

Dear Parent(s),

In the schools, we are concerned that students remain healthy and are not exposed to HIV, the virus which causes AIDS. We know you, as the parent, are also concerned.

Health classes in Texas schools are required to study about HIV/AIDS and other communicable diseases. We will continue to do that. However, in order to reach *all* the students *now*, we will teach a series of lessons in English classes on ________ (dates) ________ . Teachers will include ____________________, ____________________, and ____________________ who have all received special training to teach this topic.

In those special sessions, we will stress the following concepts:

- Ways in which HIV is transmitted.
- Abstinence from sexual intercourse and from injectable drug use is the only sure way to avoid infection.
- HIV/AIDS is *not* spread through casual contact.
- Some people have been infected with HIV and do not know it.

You, as the parent, may also want to discuss these concepts with your son or daughter. Attached to this letter is a Texas Health Department brochure for your own use.

If after careful consideration, you decide to request that your student *not* participate, complete the form on this page and return it to school on or before ________ (date) ________. Your son or daughter will still be responsible for the HIV/AIDS facts on a written test.

A home-and-school partnership can assure a healthier, safer future for our students. Thank you for working with us. Please call ________ (person) ________ at ________ (phone number) ________ if you have questions or comments.

Sincerely,

(principal or superintendent)

- -

I do not want my son or daughter ____________ (student name) ____________ to participate in the special sessions on HIV/AIDS but I do understand that I have the responsibility to teach the facts to him or her.

________ (parent signature) ________

EJEMPLO DE CARTA PARA ESTUDIANTES EN LA ESCUELA JUNIOR HIGH O ESCUELA MEDIA

Estimados Padres:

A todos nos interesa mucho que los estudiantes se mantengan saludables y que no se expongan al HIV, el virus que causa el SIDA. Sabemos que ustedes, como padres de familia, también tienen el mismo interés.

En el estado de Texas se exige que durante las clases de salud se enseñe acerca del HIV/SIDA y de otras enfermedades comunicables o contagiosas. Nosotros continuaremos haciendo ésto en nuestra escuela. Aun para asegurar que todos los estudiantes reciban esta información ahora, ofreceremos una serie de sesiones durante las clases de inglés los días ____________________________. Los maestros que han recibido instrucción especial sobre este tema son ____________________________, ____________________________, y ________________________________.

En esas sesiones especiales, pondremos énfasis en los siguientes conceptos:

- En que manera se transmite el HIV.

- La únca manera de evitar le infección es la abstinencia de contacto sexual y del uso de drogas inyectadas.

- El HIV/SIDA no se transmite por medio del contacto casual.

- Alguna gente tiene la infección de HIV y no lo saben.

Está incluída una carta para su uso si ustedes, como los padres, pueden querer conversar son su hijo/a acerca de estos conceptos. Si por alguna razón ustedes prefieren que su hijo/a no participe en estas sesiones, favor de llenar la forma incluída en la parte baja de esta carta y devuélvala a la escuela antes de ________________________. Aunque no participe en las sesiones su hijo/a tendrá que tomar un exámen sobre esta materia.

La unión del hogar y la escuela asegura un futuro mas saludable para todos los estudiantes. Se les agradece su esfuerzo en esta labor. Si tienen alguna pregunta o algún comentario, por favor, llame a __________________________ al teléfono ________________________.

Sinceramente,

____

(Director o Superintendente)

- -

Prefiero que mi hijo o hija ____ no participe en estas sesiones sobre el SIDA y comprendo que yo tengo la responsabilidad de enseñarle lo necesario sobre este tema.

____

(Firma del padre)

SAMPLE LETTER FOR JUNIOR HIGH/MIDDLE SCHOOL

Dear Parent,

In the schools, we are concerned that students remain healthy and are not exposed to HIV, the virus which causes AIDS. We know you, as the parent, are also concerned.

Health classes in Texas schools are required to study about HIV/AIDS and other communicable diseases. We will continue to do that. We will also present HIV prevention education in other subject areas such as ___________, _________________, and ___________________. In these special lessons, we will also stress the following concepts:

- ways in which HIV affects the body's immune system
- ways in which HIV is transmitted
- abstinence from sexual intercourse and from injectable drug use are the only ways to avoid infection
- HIV/AIDS is *not* spread through casual contact.
- some people have been infected with HIV and do not know it
- healthy behaviors and wise decisions are necessary for good health

You, as the parent, may also want to discuss this issue with your son or daughter. Attached to this letter is a brochure from the Texas Department of Health. In addition, from time to time, we will be sending other information for you and your teenager to discuss.

A home-and-school partnership can assure a healthier, safer future for our students. Thank you for working with us. Please call ________(person)________ at ____(phone number)____ if you have questions or comments.

Sincerely,

(Principal)

EJEMPLO DE CARTA PARA ESTUDIANTES EN LA ESCUELA JUNIOR HIGH O ESCUELA MEDIA

Estimados Padres:

A todos nosotros en las escuelas nos interesa mucho que los estudiantes se mantengan saludables y que no sean expuestos al HIV, el virus que causa el SIDA. Sabemos que ustedes, como padres, tienen este mismo interés.

En el estado de Texas se exige que durante las clases de salud se les enseñe a los estudiantes acerca del HIV-SIDA y acerca de otras enfermedades comunicables o contagiosas. Nosotros, en nuestra escuela, continuaremos haciéndolo. También presentaremos educación preventiva acerca del HIV en otras clases como en ________________, __________________________, y en ________________________. Se dará énfasis a los siguientes conceptos:

- Cómo el HIV afecta el sistema inmune del cuerpo
- Cómo se transmite el HIV
- Se evita el contagio solamente con la abstinencia de contacto sexual y del uso de drogas inyectables
- El HIV-SIDA no se transmite por medio de contacto casual
- Alguna gente tiene la infección y no lo sabe
- Los buenos hábitos de higiene y las decisiones prudentes son necesarias para mantener la buena salud

Ustedes, como padres, también querrán conversar con su hijo/a acerca de este tema. Incluído en esta carta encontrarán un folleto que les dará más información acerca de esta enfermedad. En el futuro enviaremos información adicional para que ustedes y sus hijos adolescentes puedan discutir.

La unión entre el hogar y la escuela puede asegurar un futuro más saludable y seguro para nuestros estudiantes. Les agradecemos que se hayan unido con nosotros en esta labor de tanta importancia. Si tienen alguna pregunta o algunos comentarios, por favor llamen a ____________________________ al teléfono ____________________________.

Muy sinceramente,

____
Director

- Having multiple sex partners, heterosexual or homosexual. The more sex partners you have the greater the risk.

How Can You Protect Yourself?

The only sure ways to protect yourself from HIV are:

1) to abstain from sexual intercourse

2) avoid sharing needles and syringes, and

3) have sex with only one faithful sex partner who you know is not infected with HIV.

You can lower your chances of getting HIV by reducing the number of partners you have sex with, and by using latex condoms along with a spermicide. Condoms should be used correctly. This includes using the condom during the entire act of sexual intercourse. Spermicides containing the chemical nonoxynol-9 may offer added safety.

Why Get Tested?

You need to know if you are infected so you won't infect others. Also, treatments are available which can delay the onset of AIDS. The sooner you know if you are infected, the better. Don't wait until you have symptoms of AIDS before seeking help.

HIV counseling and testing are available at many public health clinics at little or no cost. You don't have to use your real name and all information is confidential.
For Information about the location of HIV counseling and testing sites, call your local health department or the Texas Department of Health toll-free AIDSLINE, 1-800-299-AIDS.

For more information about HIV and AIDS call:

Texas AIDSLINE	1-800-299-AIDS
For Hearing Impaired	1-800-252-8012
National AIDS Hotline	1-800-342-AIDS
Drug Abuse Hotline	1-800-662-HELP
National AIDS Information Clearinghouse	1-800-458-5231

Texas Department of Health
1100 W. 49th St. Austin, TX 78756-3199

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WHAT EVERYONE SHOULD KNOW ABOUT AIDS & HIV

Texas
Department of
Health

WHAT EVERYONE SHOULD KNOW ABOUT AIDS & HIV

You may know about AIDS—but you may not know it is caused by a virus called HIV. Many people carry this virus but don't know it. But they can still pass it on to you through sex or sharing drug needles or syringes.

What is AIDS?

AIDS (Acquired Immunodeficiency Syndrome) is the final stage of an infection caused by HIV (Human Immunodeficiency Virus). After becoming infected with HIV, a person may remain healthy for years. But eventually the immune system becomes so weak that diseases and infections begin to attack the body. As these conditions get worse, a person is diagnosed as having AIDS.

AIDS is usually fatal.

As of April 1991, more than 170,000 Americans have been diagnosed with AIDS. Health officials estimate 365,000 Americans will have AIDS by the end of 1992. Anyone, regardless of race or age, can become infected. HIV infection and AIDS are caused by what you do, not who you are.

Is There a Cure?

There is no cure for HIV infection or for AIDS. But treatments are available which can slow the progress of the disease. Medicines such as AZT have helped some people with HIV and AIDS live longer. Research is under way to find a cure and a vaccine. But for now the only "cure" is prevention. Everyone must take responsibility for protecting themselves.

How Do You Get Infected?

There are two main ways to get HIV:

1) having sex (oral, anal or vaginal) with someone who is infected with HIV.
2) sharing drug needles or syringes with an infected person.

Also, women infected with the virus may give it to their babies during pregnancy or delivery.

Some people got the virus from transfusions with infected blood between 1977 and 1985. Though there is still a slight risk of getting the virus through blood transfusions, all blood banks routinely test blood for HIV. The nation's blood supply is considered safe. Donating blood has never been a risk.

How You Won't Get Infected?

HIV is NOT spread in the air or through the casual contact of daily living. There is no evidence that the virus is spread by shaking hands, working together, attending school together, hugging, kissing, sitting next to someone, sneezing, coughing, or sharing utensils, telephones, dishes, or toilet seats. There also is no evidence that HIV is spread by mosquitoes or other insects.

Is There a Test for HIV?

There is a blood test to determine if you are infected with HIV. You should have this test if:

1) you have practiced any "risky" behaviors since 1977

2) you are a hemophiliac, or

3) you received a blood transfusion between 1977 and June 1985.

What are Risky Behaviors?

- Sharing needles or syringes
- Male-to-male sex
- Sex with a prostitute (male or female)
- Sex with anyone who has done any of these things.

Si usted cree que necesita hacerse una prueba de sangre para ver si ha sido infectado por el virus, llame a su departamento de salud local o a su doctor para averiguar cómo y adónde hacerse la prueba. Todos los resultados de cualquier pruebas médicas son completamente confidenciales.

Se ofrecen pruebas anónimas a través de la mayoría de los departamentos de salud publica, clínicas de planeamiento familiar, centros de tratamiento para abuso de drogas, y en otros lugares de salud pública.

¿Existe una cura?

Actualmente no hay una cura para el SIDA. Las medicinas tales como AZT han prolongado la vida de algunas personas con SIDA. Se están haciendo investigaciones para encontrar una cura, pero por ahora, la manera más efectiva para prevenir el SIDA es evitar la infección con el VIH. Ahora hay tratamientos que se puede utilizar contra de los síntomos del SIDA. Entre más pronto que lo sepa si usted esta infectada, mejor.

¿Cómo puedo reducir mi riesgo de infección?

- Use condones (preservativos, hules)
- Evite contactos sexuales inseguros con personas que practican un comportamiento arriesgado.
- Reduzca el número de compañeros sexuales.
- No use drogas; no comparte las agujas. Este incluye agujas para inyectarse vitaminas o medicinas.

Manténgase informado acerca del SIDA. Aprende prácticas sexuales más seguras de su doctor o departamento de salud. Conozca la verdad acerca del SIDA. Comparte su conocimiento con otros. Con un conocimiento y comprensión acrecentado acerca del SIDA, usted puede parar los rumores y propagar la verdad.

PARA MAS INFORMACION
LLAME AL
TEXAS LINEA DE INFORMACION SOBRE SIDA
1-800-299-AIDS
PARA LOS PERSONAS SORDAS
1-800-252-8012
LINEA DE INFORMACION NACIONAL SOBRE SIDA
1-800-344-SIDA
LINEA DE INFORMACION SOBRE ABUSO DE LA DROGA
1-800-662-4357

Información acerca de los lugares para consultas y pruebas está disponible en su departamento de salud local o en el Departmento de Salud de Texas, 1100 W. 49th Street, Austin, TX 78756-3199, 1-800-299-AIDS.

Se permite la reproducción de este folleto.

"Texas Department of Health: Your Health Is Our Department"

Stock No. 4-141A Rev. 9/91

Lo que todos deben saber acerca del . . .

AIDS/SIDA

Texas Department of Health

LO QUE TODOS DEBEN SABER ACERCA DEL AIDS/SIDA

No importa quien sea usted, usted probablemente ha oído acerca del SIDA (AIDS)..... pero quizás usted todavía sigue preguntándose lo que es, y si el SIDA le afectará a usted o a un conocido. Desde Julio de 1991, el SIDA ha afectado a más de 186,000 personas en los Estados Unidos. Los oficiales del Departamento de Salud estiman que para finales de l992, 365,000 norte americanos tendrán el SIDA.

Esta enfermedad puede afectar a cualquier persona sin importar el color, la raza, o la edad. Lo que usted sabe acerca del SIDA es importante porque le ayudará a determinar la diferencia entre la verdad y lo que NO es cierto.

¿Qué es el SIDA?

El SIDA significa el Síndrome de Inmunodeficiencia Adquirida. Es una enfermedad infecciosa causada por el virus llamado Virus de Inmunodeficiencia Humana (VIH).

El VIH ataca el sistema inmune del cuerpo, incapacitándolo en rechazar otras enfermedades, las cuales a la vez, pueden ser fatales.

VIH puede vivir en el cuerpo humano por años antes de que los síntomas actuales aparezcan, así es que una persona puede no darse cuenta de que está infectada.

¿Cómo se contrae el VIH?

Hay dos maneras principales en que se puede contraer el VIH.

Primero, una persona puede infectarse teniendo sexo oral, anal, o vaginal con alguien que está infectado con el virus.

Segundo, una persona puede infectarse compartiendo agujas y jeringas para inyectarse con una persona infectada. Las mujeres infectadas con el virus pueden pasárselo a sus bebés durante el embarazo o en el parto. Algunas personas se infectaron con el virus con transfusiones de sangre infectada. Sin embargo, desde l985 los bancos de sangre rutinariamente someten la sangre a una prueba para determinar si está contaminada.

El VIH NO se propaga por el aire o por el contacto casual que ocurre en la vida diaria.

No hay ninguna evidencia que el virus se propague dandole la mano a alguien, trabajando, asistendo a la escuela, abrazando, besando, sentándose junto a alguien, estornudando, tosiendo, o compartiendo utensilios, teléfonos, platos, o los asientos del excusado (inodoro).

Tampoco no hay ninguna evidencia de que se propague por mosquitos u otras picaduras de insectos.

¿Cuáles son los síntomas?

Los síntomas del SIDA son como los de cualquier enfermedad común, pero existe una diferencia importante. Con el SIDA, los síntomas toman más tiempo en desaparecer, o continúan apareciendo.

Los síntomas iniciales incluyen:

- Fiebre recurrente, incluyendo "sudores nocturnos."
- Pérdida de peso rápido que no se debe a ejercicios o dieta.
- Glándulas inflamadas en el cuello, debajo del brazo o en la ingle.
- Cansancio contínuo.
- Diarrea que dura más de 2-3 semanas.
- Placa gruesa y blanca o manchas en la lengua o garganta.
- Tos seca y falta de aliento.

Si usted tiene cualquiera de estos síntomas, vea al doctor.

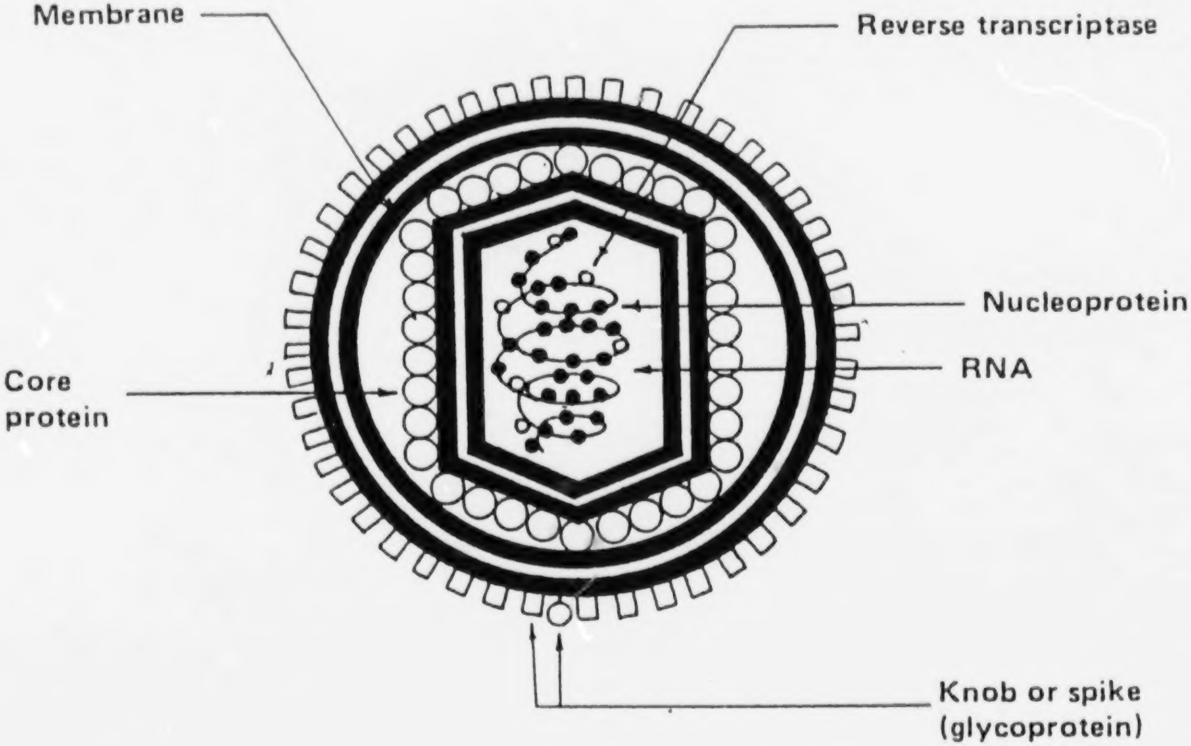
¿Debe usted recibir una prueba del VIH?

Es muy importante que todos comprendan que una persona puede estar infectada con el VIH sin mostrar ningunos de los síntomas.

Los oficiales del departamento de salud recomiendan que busque una consulta confidencial y sea examinado, si, desde 1977:

- Usted ha tenido alguna enfermedad contraída sexualmente.
- En el pasado o en el presente ha usado drogas intravenosas y ha compartido jeringas o agujas.
- Usted es un hombre que ha tenido sexo con otro hombre.
- Usted ha tenido sexo con alguien quien cobra, hombre o mujer.
- Usted ha tenido sexo con alguien que ha hecho cualquiera de estas cosas.

Es lo que usted hace, no lo que usted es, lo que puede hacer que usted se infecte.

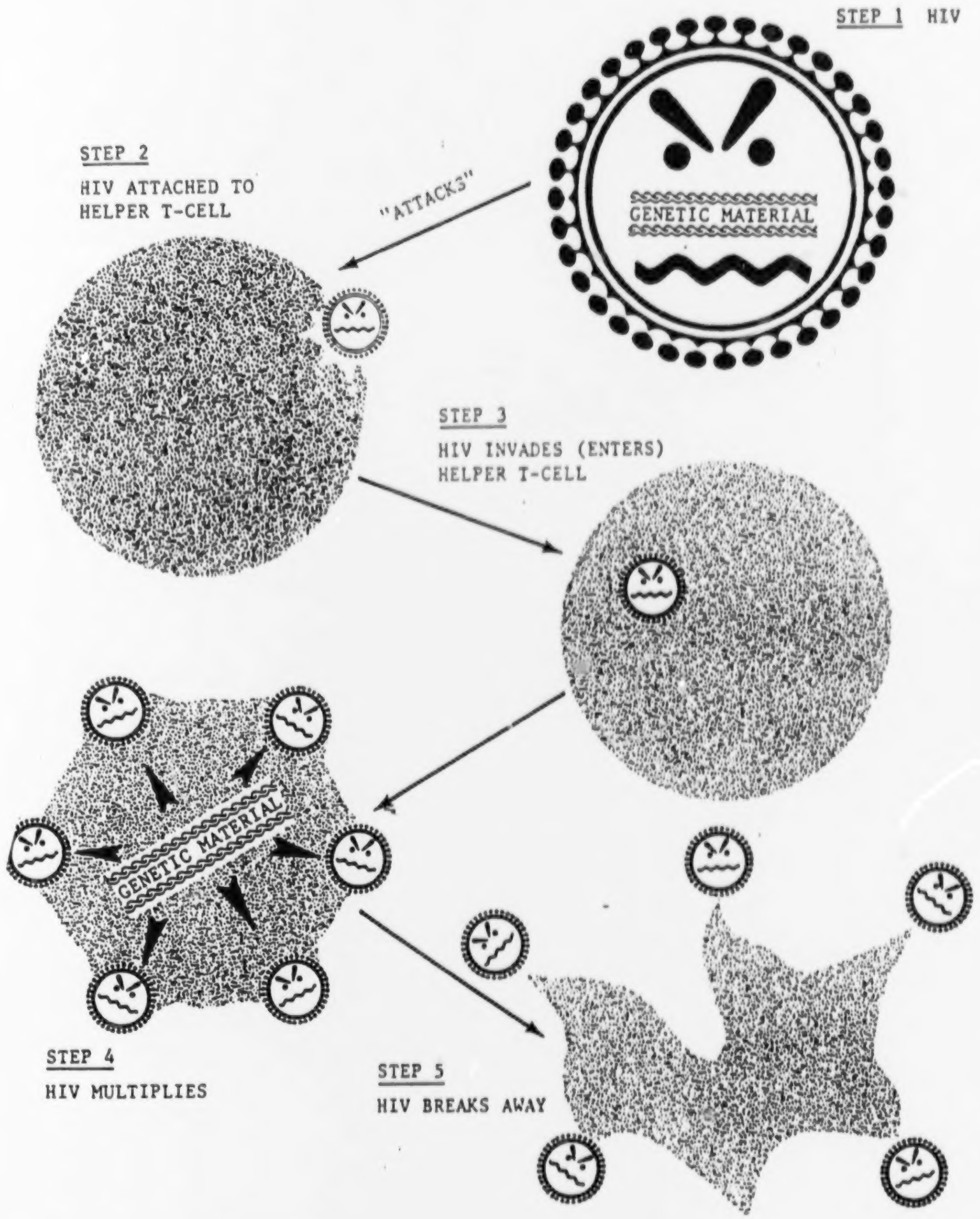

Membrane
Reverse transcriptase
Nucleoprotein
RNA
Core protein
Knob or spike (glycoprotein)

Schematic view of a retrovirus.

404

405

HOW HIV DESTROYS THE IMMUNE SYSTEM

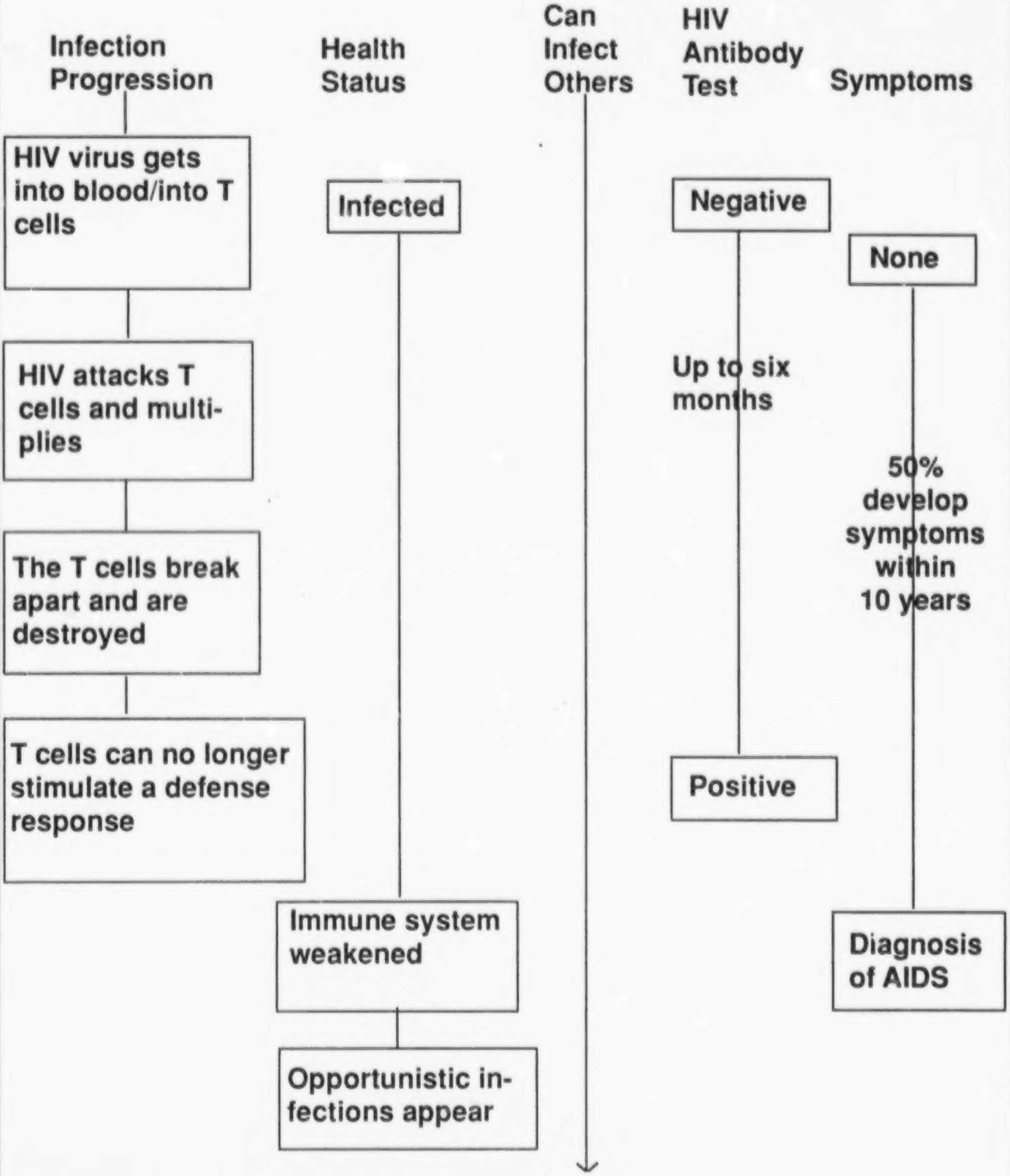

STEP 1 HIV
GENETIC MATERIAL
"ATTACKS"
STEP 2
HIV ATTACHED TO
HELPER T-CELL
STEP 3
HIV INVADES (ENTERS)
HELPER T-CELL
GENETIC MATERIAL
STEP 4
HIV MULTIPLIES
STEP 5
HIV BREAKS AWAY

Transparency 2

HIV and the Immune System

- The virus enters white blood cells.
- The virus attacks T cells and multiplies.
- The T cell no longer stimulates (cellular) defense response.
- The immune system weakens.
- The body becomes susceptible to opportunistic diseases.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development, Inc.



Infection Progression

HIV virus gets into blood/into T cells

HIV attacks T cells and multiplies

The T cells break apart and are destroyed

T cells can no longer stimulate a defense response

Health Status

Infected

Immune system weakened

Opportunistic infections appear

Can Infect Others

HIV Antibody Test

Negative

Up to six months

Positive

Symptoms

None

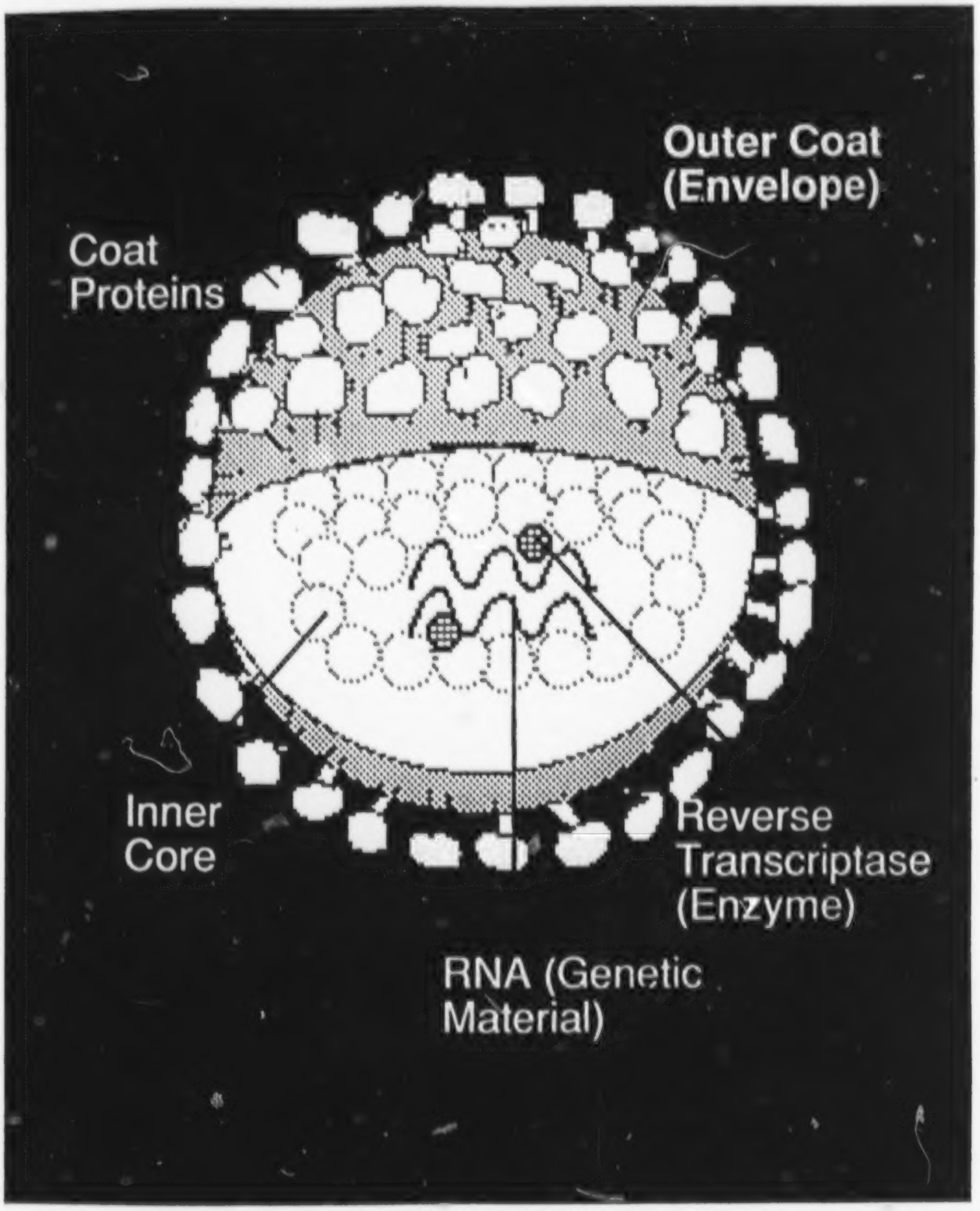
50% develop symptoms within 10 years

Diagnosis of AIDS

Sources: Smith, B.E. (1990). *HIV Education for Adult Literacy: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.
Voluntary HIV Testing and Counseling: Facts, Issues, and Answers (1990). Atlanta, GA: Centers for Disease Control

Human Immunodeficiency Virus—HIV

The Virus That Causes AIDS


Outer Coat (Envelope)
Coat Proteins
Inner Core
Reverse Transcriptase (Enzyme)
RNA (Genetic Material)

Size: 200 million would fit on the head of a pin.
Structure: A tangle of enzymes and genetic material wrapped in a cylinder of proteins, encased in a protein-studded ball

Transparency 5

A virus:

- lives and reproduces only inside the living cell of another organism
- lives in a specific type of cell
- infects (gets into) the body in a specific way

HIV (human immune deficiency virus)

- lives and reproduces only in living human cells
- lives primarily in certain human white blood cells (T cells)
- HIV enters the blood stream to cause infection:
  - through breaks in the skin
  - through breaks in the lining of body cavities (vagina, anus, mouth)
  - through the placenta, vaginal fluid, or breastmilk (in the case of a child born to an infected mother)

Source: Aggleton, P., Homans, H., Mojsa J., Watson, S. and Watney, S. (1989). *AIDS: Scientific and Social Issues.* London, England: Churchill Livingstone.

Definition of AIDS

What is AIDS?

A = Acquired

- AIDS comes from an outside agent; it is not inherited.
- AIDS is caused by HIV (human immunodeficiency virus).

I = Immune

- Our immune system fights disease.
- HIV attacks the immune system.

D = Deficiency

- Deficiency means "a lack of."
- HIV weakens the immune system so it cannot fight off diseases.

S = Syndrome

- A syndrome is a set of symptoms.
- The symptoms of AIDS may be different in different people.

When a person has AIDS...

- The immune system loses its ability to fight infection.
- Opportunistic infections and cancers then develop in the body.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development, Inc.

How is HIV Transmitted?

- HIV can be transmitted through sexual contact just like other sexually transmitted diseases (STDs). When an infected person engages in unprotected anal, vaginal, or oral sex during which blood, semen, or vaginal secretions are exchanged, HIV can be transmitted.
- HIV can be transmitted through sharing unsterile needles, including needles used for drugs and tattoos.
- HIV can be transmitted from a pregnant woman to her unborn child or at birth or through breast-feeding.
- HIV can be transmitted through the transfusion of contaminated blood or blood products.

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.

Three Main Ways HIV is Spread

- having sex with an infected person
- sharing unsterile needles and syringes
- giving birth. Babies can be born with the virus if the mother has been infected

Source: *What You Should Know About AIDS* (America Responds to AIDS). (1988). Washington, DC: U.S. Public Health Service.

How is HIV Not Transmitted?

- HIV is not transmitted through casual contacts such as:
    - touching, shaking hands, hugging, carrying an infected person
    - sneezing, coughing, social kissing
    - showers, bathtubs, hot tubs, toilet seats, swimming pools
    - door knobs, typewriters, telephones, pencils, chairs, benches
    - through the air or by insects

- HIV infection is not spread by the process of giving blood. New transfusion equipment is used for each donor.

- Assuming that there has been no infection through contaminated blood, contaminated needles, or previous sexual partners, HIV infection is not spread by sexual intercourse between individuals who have maintained a sexual relationship exclusively with each other.

- HIV is not spread by outercourse sexual activities (not anal, oral, or vaginal intercourse).

Source: Smith, B.E. (1990). *HIV Education for Adult Literacy Students: A guide for teachers.* Glenmont, NY: Hudson River Center for Program Development.

Preventing HIV Infection

Modes of Transmission	Methods of Prevention
Sexual intercourse	Abstinence from sexual intercourse Mutually monogamous relationships Condom use (latex/nonoxynol-9)
Drug needles & syringes	Do not use needles (including those used for ear-piercing, tattooing, and steroids). Do not share needles. Rinse needles (twice with chlorine bleach and twice with water).
Mother to infant	Seek counseling and testing before getting pregnant.

Source: *Responding to HIV and AIDS* (1989). Morrow, GA: National Education Association Health Information Network.

TESTING

Confidential versus Anonymous

Confidential Testing:

- Results are linked to your identity.
- Results are recorded in your medical files.
- State laws vary according to who can know your results and the conditions for revealing that information.

Anonymous Testing:

- Neither your name nor any identifying information is recorded.
- Results are not entered in your medical files.
- Only you can find out your test results.

Source: *American Red Cross HIV/AIDS Instructor's Manual* (1990). Washington DC: American Red Cross.

TESTING

Negative versus Positive

A negative antibody test means:

- you are not infected with HIV

or

- you have recently been infected with HIV and can infect others, but the test did not yet detect antibodies

Consider being retested in six months because of the window period.

A positive antibody test means:

- you are infected with HIV
- you will always have HIV
- you can infect others

Source: *American Red Cross HIV/AIDS Instructor's Manual* (1990). Washington, DC: American Red Cross.

Teacher Resources

The following list of resources has been approved by the HIV Education Program Review Panel. However, approval by the panel is a measure intended to monitor accuracy and consistency with federal regulations and is not intended to replace local review. Local school districts have wide discretion in selecting resources to meet special needs and circumstances. This latitude is especially important when selecting HIV materials as some approved material may not be suitable for some younger students and adolescents.

ARTICLES

1991

"Meeting the Challenge of HIV Infection in Family Foster Care"
Child Welfare League of America
440 First Street NW, Suite 310, Washington, DC 20001
202-638-2952

1988

"Do Alternate Modes for Transmission of Human Immunodeficiency Virus Exist?"
Lifson, Alan R., MPH
Journal of the American Medical Association
535 North Dearborn Street, Chicago, IL 60610
312-645-5000

"Guidelines for Effective School Health Education to Prevent the Spread of AIDS"
Morbidity and Mortality Weekly Report 37:S-2
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

"Report of the CWLA Task Force on Children and HIV Infection"
Child Welfare League of America
440 First Street NW, Suite 310, Washington, DC 20001
202-638-2952

"Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings"
Morbidity and Mortality Weekly Report 37:24
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

BOOKS

1992

HIV Prevention for Teachers of Elementary Education and Middle School Grades
Association for the Advancement of Health Education
1900 Association Drive, Reston, VA 22091
703-476-3437 or FAX 476-9527

1991

A Friend Has AIDS
ISBN No. 0-9625381-2-0; Self-published
Winegate, Rosalee
2105 Teakwood Drive, Austin, TX 78758
512-454-7420

AIDS: Deadly Threat Revised and Expanded
Silverstein, Alvin and Virginia
Enslow Publishers, Inc.
Bloy Street and Ramsey Avenue, Box 777
Hillside, NJ 07205
908-964-4116
Community service professionals; General public/Consumers

1990

AIDS: 100 Common Questions & Answers
now called ***Common Questions About AIDS and HIV Infection***
Special Office of AIDS Prevention
Michigan Department of Public Health
3423 N. Logan/MLK Blvd., P.O. Box 30195
Lansing, MI 48909
517-335-8371

Courage to Care (Responding to the Crisis of Children with AIDS)
Child Welfare League of America
440 First Street NW, Suite 310
Washington, DC 2001 -
202-638-2952

Guidelines for HIV and AIDS Student Support Services
National Coalition of Advocates for Students
100 Boylston Street Suite 737, Boston, MA 02116
617-357-8507

Guidelines on Developmental Services for Children and Adults with HIV Infection
Crocker, Allen C. and Cohen, Herbert J.
American Association of University Affiliated Programs for Persons with Developmental Disabilities

Risky Times, How to be AIDS-Smart and Stay Healthy: A Guide for Teenagers
Workman Publishing
708 Broadway, New York, NY 10003
1-800-722-7202

Schools Face the Challenge of AIDS
ISBN No. 89292-094-7
Education Development Center
55 Chapel Street, Newton, MA 02160
1-800-225-4276; 617-969-7100

Training Educators in HIV Prevention
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

1989

Adolescents, AIDS and HIV, A Community-Wide Responsibility
Center for Population Options
1025 Vermont Avenue, NW Suite 210, Washington, DC 2005
202-347-5700

The AIDS Booklet
Cox, Frank D.
ISBN No. 0-697-10738-8
William C. Brown Publishers
2460 Kerper Blvd., P.O. Box 539
Dubuque, IA 52004-0539

AIDS Education at Home and School: An Activity Guide for Local PTA Leaders
(updated 1991 with new information)
National PTA
700 North Rush Street, Chicago, IL 60611-2571
312-787-0977

AIDS Sexual Behavior and Intravenous Drug Use
National Research Council; DC Committee on AIDS Research and the Behavioral Social and Statistical Sciences
National Academy Press
P.O. Box 285, Washington, DC 20055
202-334-3313 or 1-800-624-6242

Answers to Teenagers' Questions About AIDS: A Teacher's Guide
ISBN No. 0-88314-406-9
Texas Department of Health, The Public Health Promotion Division
1100 W. 49th Street, Austin, TX 78756
512-458-7405

Children and the AIDS Virus
Hausherr, Rosemarie
ISBN No. 0-89919-834--1; 1-11570
Houghton-Mifflin Co.
Southwestern Regional Office, 13400 Midway Rd.
Dallas, TX 75244-6165
1-800-733-2828

Leadership for AIDS Education
National School Boards Association
1680 Duke Street, Alexandria, VA 22314
703-838-6711

Learning About AIDS
Silverstein, Alvin and Virginia
ISBN No. 0-89490-176-1
Enslow Publishers, Inc.
Bloy Street & Ramsey Avenue, Hillside, NJ 07205
908-964-4116

Learning By Heart: AIDS and School Children in America's Communities
Kipp, David
Rutgers University Press Distribution Center
P.O. Box 4869, Baltimore, MD 21211
301-338-6947
Community service professionals; Educators; General public/Consumers; Administrators

***Looking Into AIDS*, Instructor's Guide**
Yarber, William L.
Phi Delta Kappa
Eighth & Union, P.O. Box 789
Bloomington, IN 47402
812-339-1156

***Looking Into AIDS*, Student Book**
Yarber, William L.
Phi Delta Kappa
Eighth & Union, P.O. Box 789
Bloomington, IN 47402
812-339-1156

Someone at School Has AIDS
National Association of State Boards of Education
1012 Cameron Street, Alexandria VA 22314
703-684-4000
Community service professionals; Educators; Administrators; Parents; Schools; Health service providers

Teacher's Guide for Understanding and Preventing AIDS
Colman, Warren
ISBN No. 00593-6
Children's Press
5440 North Cumberland Avenue, Chicago, IL 60656
312-693-0800
Community service professionals; Educators; Adolescents; Children; Students/young adults; Elementary schools; Secondary schools

Up Front About AIDS
Office of the Superintendent of Public Instruction
Rizzoli International Pub. Inc.
300 Park Avenue South, New York, NY 10010
1-800-982-2300; 212-982-2300

1988

AIDS: A Catholic Educational Approach, Teacher's Guide
ISBN No. 1-55833-019-4 (revision due 1/92)
National Catholic Educational Association
Suite 100, 1077 30th Street NW
Washington, DC 20007-3852
202-337-6232
Service professionals, Educators

AIDS: A Guide For Survival
Harris County Medical Society and Houston Academy of Medicine
ISBN No. 1-55833-016-X
Houston Academy of Medicine
400 Jesse H. Jones Library Bldg., Texas Medical Center, Houston, TX 77030
713-790-1838
Community service professionals; General public/Consumers

AIDS Education at Home and School: An Activity Guide for Local PTA Leaders
(updated 1991 with new information)
National PTA
700 North Rush Street, Chicago, IL 60611-2571
312-787-0977

Dealing With AIDS: Breaking the Chain of Infection
ISBN No. 0-87752-126-X
American Association of School Administrators
1801 North Moore Street, Arlington, VA 22209
703-528-0700
Community service professionals; Educators

Does AIDS Hurt? Educating Young Children About AIDS
Quackenbush, Marcia and Villarreal, Sylvia
ISBN No. 0-87752-126-X
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080
Community service professionals; Educators; Parents

Effective AIDS Education: A Policymaker's Guide
National Association of School Boards of Education
1012 Cameron Street, Alexandria, VA 22314
703-684-4000
Health professionals; Social workers; Nurses; Community service professionals; Educators, Administrators; Human service providers; Schools

Into Adolescence: Learning About AIDS
Post, J. and McPherson, C.
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080
Community service professionals; Educators

The Kids on the Block. Friends for Life
Aiello, Barbara and Shulman, Jeffrey
Twenty-first Century Books
38 South Market Street, Frederick, MD 21701
301-698-0210

Report of the CWLA Task Force on Children and HIV Infection, Initial Guidelines
ISBN No. 0-87868-339-9
Child Welfare League of America
440 First Street, NW, Suite 310
Washington, DC 20001
202-638-2952

Steps to Help Your School Set Up An AIDS Education Program
National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610
617-357-8507

Terry and Friends Present AIDS Education, Grades K-3, Teacher's Guide
Creative Graphics
127 So. Main Street, Mount Vernon, OH 43050
614-392-4327
Community service professionals; Educators

Terry and Friends Present AIDS Education, Grades 4-5-6, Teacher's Guide
Creative Graphics
127 So. Main Street, Mount Vernon, OH 43050
614-392-4327
Community service professionals; Educators

Understanding AIDS
US Department of Health and Human Services
Publication No. (CDC) HH5-88-8407
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

Understanding the Immune System
US Department of Health and Human Services
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

1987

Terry the Friendly Dragon Helps You to be AIDS Smart, A Study Guide and Activity Book for the Grade School Child
Creative Graphics
127 South Main, Mount Vernon, OH 43050
614-392-4327
General public/Consumers; Community service professionals; Students

Why School Health
ISBN No. 0-87652-121-9
American Association of School Administrators
1801 North Moore Street, Arlington, VA 22209-9988
703-875-0730

Unknown date

A Comprehensive Health and Substance Abuse Prevention Program Series, Grades Kindergarten through Six
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

The AIDS Challenge, Prevention Education for Young People
Quackenbush, Marcia and Nelson, Mary, with Kay Clark
ISBN No. 0-697-10738-8
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

AIDS We Care
B'nai B'rith Youth Organization
1640 Rhode Island Avenue NW
Washington, DC 20036
202-857-6633

HIV/AIDS Instructional Guide for Teachers Grades 4 through 5
ISBN No. 0-87652-121-9
New Jersey State Department of Education
Trenton, NJ

Responding to HIV and AIDS
ISBN No. 0-87868-339-9
The Health Information Network
100 Colony Square, Atlanta, GA 30361
404-875-8819

Brochures

1991

"AIDS and the Workplace"
Stock No. 4-148
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756-3199
512-458-7405

"Condoms and Sexually Transmitted Diseases"
Texas Department of Health
1100 W. 49th Street
Austin, TX 78756-3199
512-458-7405

1989

"AIDS and the Deaf"
The United Way
West Hollywood

"AIDS Prevention Guide: For Parents and Other Adults Concerned About Youth"
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

1988

"Children, Parents, and AIDS"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

"Education for Life: AIDS Policies and Curriculum"
Richardson ISD in cooperation with the RISD Council of PTAs
ISBN No. 0-86536-109-6
Richardson ISD
400 South Greenville, Richardson, TX 75080
214-238-8111

How to To Talk to Your Teens and Children About AIDS"
National PTA
700 N. Rush Street Chicago, IL 606611-2571
312-787-0977
General public/Consumers; Parents; Women

"Medidas Para Ayudar A Su Escuela A Establecer Un Programa De Educacion Sobre El Sid"
National Coalition of Advocates for Students
100 Boylston Street Suite 737, Boston, MA 02116-4610
617-357-8507
Community service professionals; Educators; Hispanics; Parents

"School Systems and AIDS: Information for Teachers and School Officials"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

1987

"AIDS and the IV Drug User"
Stock No. 4-145
Texas Department of Health
1100 West 49th Street, Austin, TX 78756
512-458-7405

"AIDS Lifeline"
San Francisco AIDS Foundation
333 Valencia Street, P.O. Box 6182, San Francisco, CA 94101-6182
415-861-3397

"Surgeon General's Report on Acquired Immune Deficiency Syndrome"
US Department of Health and Human Services
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

CURRICULUM

1991

About Blood and AIDS, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

All About AIDS
Yarber, William L.
ISBN No. 0-88314-410-7
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Get Well Soon, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Getting Sick, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

Things You Might Catch, The Great Body Shop Series
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

1990

The ABCs of AIDS and STDs
The Children's Health Market, Inc.
P.O. Box 7294, Wilton, CT 06897
203-762-2938

AIDS: A Catholic Educational Approach, Leader's Guide
ISBN No. 1-55833-019-4
National Catholic Educational Association
1077 30th Street, NW, Washington, DC 20007
202-337-6232

AIDS: HIV Prevention Education for Puberty Age Youth
Montfort, Sue
ISBN No. 1-55833-019-4
Planned Parenthood of Greater Northern New Jersey, Inc.
Morristown, NJ

Integrating AIDS Into Teenage Health Teaching Modules
Education Development Center
55 Chapel Street, Newton, MA 02160
1-800-225-4276 or 617-969-7100

Know AIDS Prevention Education
Rizzoli International Publications, Inc.
300 Park Avenue South, New York, NY 10010
1-800-433-1238 or 212-982-2300

Training Educators in HIV Prevention, An Inservice Mannual
Collins, Janet L. and Britton, Patti O.
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407

1989

AIDS Curriculum Grades K-6
Health Skills for Life
Eugene, OR

Building Blocks: An AIDS Curriculum Guide for Early Elementary Educators
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or contact local Red Cross
512-928-4271

1988

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 7-8
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 9-10
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students Grades 11-12
Comprehensive Health Education Foundation
22323 Pacific Highway South, Seattle, WA 98198
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, Upper Elementary Level Grades 4-6
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, Middle and Junior High School Grades 6-9
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Here's Looking at AIDS and You, High School Grades 9-12
Comprehensive Health Education Foundation
22323 Pacific Highway South
Seattle, WA 98198-7253
1-800-323-2433 or 202-824-2907
Community service professionals; Educators

Preventing AIDS, A Curriculum for Middle School, Junior and Senior High School Students
Education Development Center, Inc.
55 Chapel Street, Newton, MA 02160
1-800-225-4276 or 617-969-7000
Community service professionals; Educators

What Kids Need to Know About AIDS, Resources and Life Skills Exercises for Educators
Planned Parenthood of North East Pennsylvania
112 North 13th Street, Allentown, PA 18102
215-439-8008
Community service professionals; Educators

1987

AIDS Education Project for Sheltered and Incarcerated Youth
Michale Hutton, Youth and Family Assistance
609 Price Avenue, Suite 202
Redwood City, CA 94063
415-366-8408
Community service professionals; Educators; General public/Consumers; Prisoners; Students

Curriculum Recommendations on Acquired Immune Deficiency Syndrome for Michigan Students 9-10
Michigan Department of Public Health, Special Office on AIDS Prevention
3500 North Logan, P.O. Box 30195
Lancing, MI 48912
517-335-8371
Community service professionals; Educators

Your Choice About AIDS: A Secondary School Curriculum
Colorado Department of Health, STD/AIDS Control Section
4210 East 11th Avenue, Denver, CO 80220
303-331-8320
Community service professionals; Educators; Adolescents; Students/Young Adults; Schools; Secondary schools

1986

Growing Healthy, A Comprehensive School Health Education Curriculum for Kindergarten Through Grade 7
National Center for Health Education
New York, NY

Sex Respect: The Option of True Sexual Freedom
Mast, Coleen K.
Project Respect
Box 97, Golf, IL 60029

1982-83

Teenage Health Teaching Modules: Communicating in Families
(revision in process)
Education Development Center
55 Chapel Street, Newton MA 02160
1-800-225-4276 or 617-969-7100

Teenage Health Teaching Modules: Promoting Health in Families
(revision in process)
Education Development Center
55 Chapel Street, Newton MA 02160
1-800-225-4276 or 617-969-7100

VIDEO

1990

"AIDS: Allie's Story
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467
Junior High School; Adults

426

"Beginnings: You Won't Get AIDS
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467

"Health: AIDS"
ABC News interactive

"If AIDS Is So Bad, How Come We Don't Know Anybody Who Has It!"
Rites of Passage/ACA
Austin, TX

"Just A Regular Kid: An AIDS Story"
The Media Guild
San Diego, CA

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part I"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part III"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"What You Don't Know Can Kill You: Sexually Transmitted Diseases and AIDS, Part IV"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

1989

"AIDS in Rural America"
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125
Senior High School; Adults

"AIDS: Let"s Talk"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"AIDS Prevention: Choice Not Chance"
Educational Activities, Inc.
P.O. Box 392, Freeport, NY 11520
1-800-645-3739

"Camp Itsamongus"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

"Facts About AIDS"
AIMS Media
9710 DeSoto Avenue, Chatsworth, CA 91311
1-800-367-2467

"If You Want to Dance"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"Our Immune System and AIDS" (Level Two)
Eaton Press
New York

"Understanding AIDS (The Story of Our Immune System and AIDS)" (Level One)
Eaton Press
New York

1988

"A Is for AIDS"
Professional Research, Inc.
930 Pitner, Evanston, IL 60202
1-800-421-2363
Elementary; Junior High School

"AIDS Alert for Youth"
Creative Media Group, Inc.
226 East High Street, Charlottesville, VA 22901
Health professionals; Educators; Students; Blacks

"AIDS: Everything You Should Know"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467
General public/Consumers; Students

"AIDS in the Classroom"
American Federation of Teachers
Washington

"AIDS In Your School"
Altschul Group Corporation
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

"AIDS What Every Teacher Must Know"
Instructional Media
389 Newtown Turnpike, Weston, CT 06883
1-800-243-5020
Community service professionals; Educators

"AIDS: What Everyone Needs to Know"
(updated 1990)
Churchill Media
12210 Nebraska Avenue, Los Angeles, CA 90025
1-800-334-7830

"Don't Forget Sherrie"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271
General public/Consumers; Students

"Don't Get It! Teenagers and AIDS"
Human Relations Media, Inc.
175 Thompkins Avenue, Pleasantville, NY 10570
1-800-431-2050

"Not Work The Risk"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

"Saying No...A Few Words To Young Adults About Sex"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

"Taking A Stand"
Perennial Education
930 Pitner Avenue, Evanston, IL 60202
708-328-6700 or FAX 328-6706

1987

"A Letter From Brian"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271
General public; Consumers; Students

"AIDS: Everything You and Your Family Needs to Know"
HBO
1011 Avenue of the Americas, New York, NY 10036
212-512-1000

"AIDS In Your School"
Professional Research, Inc.
930 Pitner, Evanston, IL 60202
1-800-421-2363

"AIDS: Taking Action
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"Answers About AIDS"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

"Learn For Your Life"
New Dimension Media
New Dimension Films, Inc.
85803 Lorane Highway, Eugene, OR 97405
503-484-7125

"The Subject Is AIDS"
ODN Productions
Select Media Company
74 Varick Street #305, New York, NY 10013
1-800-526-4773
Junior High; Adult

1986

"Beyond Fear"
American Red Cross
2218 Pershing Drive, Austin, TX 78723 or local Red Cross
512-928-4271

Unknown date

"AIDS: On the Front Line"
Harris County Medical Society, Houston Academy of Medicine
AIDS Education Project, Houston Academy of Medicine
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
713-790-1838

"AIDS: Protect Yourself"
Harris County Medical Society, Houston Academy of Medicine
AIDS Education Project, Houston Academy of Medicine
1133 M.D. Anderson Blvd. Suite 400
Houston, TX 77030
713-790-1838

"AIDS-The Reality In The Dream"
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"I Have AIDS: A Teenager's Story"
National AIDS Information Clearinghouse
P.O. Box 6003, Rockville, MD 20849-6003
1-800-458-5231

"Rappin' About AIDS"
Kirsten Hinsdale, Department of Health and Hospitals
City and County of Denver
777 Bannock Street, Denver, CO 80204-4507
303-893-6000
Community service professionals; Educators; General public/Consumers

"Refusal Skills"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Sensitive Subjects"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Teacher Training Tape"
Meridian Education Corporation
236 East Front Street, Bloomington, IL 61701
1-800-727-5507

"Thumbs Up For Kids"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467

"What Ramon Did"
AIMS Media
9710 De Soto Avenue, Chatsworth, CA 91311
1-800-367-2467

"Women & AIDS"
Gay Men's Health Crisis
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-408

"You Would If You Loved Me"
No. 60114-1
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

"You Would If You Loved Me"
No. 60114-2
Network Publications
P.O. Box 1830, Santa Cruz, CA 95061-1830
1-800-321-4407 or 408-438-4080

National and State Resources For HIV and AIDS Prevention Education

NATIONAL RESOURCES

American Alliance for Health, Physical Education, Recreation and Dance
Association for the Advancement of Health Education (AAHE)
1900 Association Drive
Reston, VA 22091
703-476-3437

American Association of School Administrators
Office of Minority Affairs - AIDS
1801 N. Moore Street
Arlington, VA 22209
703-528-0700

American College Health Association
1300 Piccard Drive, Suite 200
Rockville, MD 20850
301-963-1100

American Federation of Teachers
555 New Jersey Avenue, NW
Washington, DC 20001
202-879-4400

American Institute for Teen AIDS Prevention
P.O. Box 136116
Fort Worth, TX 76136
817-237-0230

American Red Cross
Office of HIV/AIDS Education
1709 New York Avenue, NW, Suite 208
Washington, DC 20006
202-434-4077

American School Health Association
7263 State Route 43
P.O. Box 708
Kent, OH 44240
919-361-4622

Center for Population Options
1012 14th Street, NW, Suite 1200
Washington, DC 20005
202-347-5700

Centers for Disease Control
Division of Adolescent and School Health
1600 Clifton Road
Atlanta, GA 30333
404-639-0975

Council of Chief State School Officers
Resource Center on Educational Equality
400 North Capitol Street, NW Suite 379
Washington, DC 20001
202-393-8161

National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20850
800-458-5231

National AIDS Hotline
800-342-AIDS (English)
800-344-SIDA (Spanish)
800-243-7889 (TTY/TTD)

National Association for Equal Opportunity in Higher Education (NAFEO)
400 12th Street, NE
Washington, DC 20002
202-543-9111

National Association of State Boards of Education
1012 Cameron Street
Alexandria, VA 22314
703-684-4000

National Center for Health Education
30 East 29th Street
New York, NY 10016
212-689-1886

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116
617-357-8507

National Coalition of Hispanic Health and Human Service Organizations (COSSHMO)
1030 15th Street NW, Suite 1053
Washington, DC 20005
202-371-2100

National Education Association
1590 Adamson Parkway, Suite 260
Morrow, GA 30260
404-960-1325

National Gay and Lesbian Task Force
1517 U Street, NW
Washington, DC 20009
202-322-6483

National Minority AIDS Council
300 Eye Street, NW, Suite 400
Washington, DC 20002
202-544-1076

National Network of Runaway and Youth Services, Inc.
1400 Eye Street, NW, Suite 330
Washington, DC 20005
202-682-4114

National PTA
700 North Rush Street
Chicago, IL 60611
312-787-0977

National Rural and Small School Consortium
Western Washington University
Miller Hall 359
Bellingham, WA 98225
206-676-3576

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
703-838-6722

National School Health Education Coalition
P.O. Box 515664
Dallas, TX 75251
404-329-7791

Sex Education and Information Council of the U.S. (SIECUS)
130 West 42nd Street, 25th Floor
New York, NY 10036
212-819-9770

TEXAS RESOURCES

Senate Committee on Health and Human Services
P.O. Box 12068
Sam Houston Building
Austin, TX 78711
512-463-0360

State AIDS Coordinator
Texas Department of Health
Bureau of AIDS
1100 West 49th Street
Austin, TX 78756-3199
512-458-7304

Texas Commission on Alcohol and Drug Abuse
1705 Guadalupe
Austin, TX 78701
512-463-5510

Texas Department of Health
1100 W. 49th Street
Austin, TX 78756

Chronically Ill & Disabled Children Services	512-458-7355
Film Library	512-458-7260
HIV/AIDS Division	512-458-7209
Prevention	512-458-7504
Surveillance	512-458-7204
Services	512-458-7207
HIV Funding Information Center	512-458-7684
Public Health Promotion	512-458-7405
Texas AIDSLINE	800-299-AIDS
Texas AIDSLINE TDD (Hearing Impaired)	800-252-8012
Texas HIV Medication Program	800-255-1090

Texas Education Agency
1701 North Congress Avenue
Austin, TX 78701-1494
512-463-9734

Texas Organizations

AIDS Consortium of Texas	512-245-2561
AIDS Helpline (Health Professionals)	800-548-4659
AIDS Legal Assistance Line	800-828-6417
Alliance Health, Inc.	800-749-2255
American Cancer Society	800-ACS-2345
American Lung Association of Texas	800-252-5864
American Red Cross (Texas HIV Network)	512-928-4271
Coalition of Texans with Disabilities	512-478-3366
Life Benefits Incorporation	800-969-6000
Relay Texas (TDD)	800-735-2989
Relay Texas (Voice)	800-735-2988

Social Security Administration	800-772-1213
TDMHMR AIDS/HIV Prevention	512-323-3190
Texas AIDS Network	512-447-8887
Texas Commission on Alcohol and Drug Abuse	512-463-5510
Texas Dept. of Human Services Medicaid Hotline	800-252-8263
Texas Education Agency (HIV Prevention Program)	512-463-9501
Texas Human Rights Foundation	512-467-6725
Texas Rehabilitation Commission (Disability)	512-445-8207
Texas Rehabilitation Commission (Disability)	800-252-9627

U.S. Department of Health and Human Service
AIDS Coordinator
1200 Main Tower
Dallas, TX 75202
214-767-3916

ADDITIONAL RESOURCES

The following articles provide supplemental information:

Centers for Disease Control. "Public Health Service Statement on Management of Occupational Exposure to Human Immunodeficiency Virus, Including Considerations Regarding Zidovudine Postexposure Use." *Morbidity and Mortality Weekly*, January 26, 1990, Vol. 29, No. RR-1.

Centers for Disease Control. "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers." *Morbidity and Mortality Weekly*, June 23, 1989, Vol. 38, No. S-6.

Centers for Disease Control. "Update: Universal Precautions for Prevention of Transmission of HIV, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings." *Morbidity and Mortality Weekly Report*, June 24, 1988, Vol. 37, No. 24, pp. 377-382, 387-388.

"Update: Acquired Immunodeficiency Syndrome and Human Immunodeficiency Virus Infection Among Health Care Workers." *Morbidity and Mortality Weekly Report*, April 22, 1988, Vol. 37, No. 15.

Joint Advisory Notice: Department of Labor/Department of Health and Human Services; HBV/HIV; Notice. *Federal Register*, October 30, 1987, Vol. 52, No. 210.

Centers for Disease Control. "Recommendations for Prevention of HIV Transmission in Health-Care Settings." *Morbidity and Mortality Weekly Report*, August 21, 1987, Vol. 36, No. 28.

Jeffrey Laurence, MD. "AIDS Therapeutics: Antivirals and Disinfectants." *Infections in Medicine*, March 1987, pages 90-95, 108-109, 116.

Centers for Disease Control. "Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS." *Morbidity and Mortality Weekly Report*, 1987, Vol. 36, pp. 509-515.

Committee on Infectious Diseases. "Health Guidelines for the Attendance in Day-Care and Foster Care Settings of Children Infected with Human Immunodeficiency Virus." *Pediatrics*, 1987, Vol. 79, No. 3, pp. 466-471.

For information on HIV/AIDS, Infectious Waste, and Universal Precautions, call the Indiana AIDS Hotline: 800-848-2437.

ESR III CURRICULUM IMPLEMENTATION SURVEY

Each of the following sections contain information about teacher's usage of ESR III. Your comments will be appreciated. They will be invaluable in helping us to improve the curriculum.

INSTRUCTIONS: Please circle the appropriate response or follow instructions. Send the completed form to HIV Prevention Program Office, Texas Education Agency, 1701 North Congress Avenue, Austin, Texas 78701-1494 by June 1, 1993.

A. Enter your County-District-Campus Number:
(Place nine digit number in space provided) ---,---,----

B.	How many years have you taught?	0-3	3-5	5-8	8-12	12+
	How many years have you taught in this district?	0-3	3-5	5-8	8-12	12+
	How many years have you taught health?	0-3	3-5	5-8	8-12	12+
C.	What is the grade span in which you teach?	Pk-6		6-8		9-12

D. What is the primary subject area that you teach?

All areas - Elementary
Science
Fine Arts
Mathematics
Health
Language Arts
Social Studies
Vocational Education

E. Which term was the ESR III curriculum used? Fall '92 Spring '93

F. Which lesson page(s) did you use? (Identify the lessons by page number(s) in space provided) ______________________________

G. How much time did you spend teaching/preparing each lesson? Select the two lesson plans you liked best by page number and furnish the following information.

LESSON 1: Page Number _____

	TEACHING	PREPARING
Approximate time spent:	_____ less than one-half hour	_____ less than one-half hour
	_____ one-half - 1 hour	_____ one-half - 1 hour
	_____ more than 1 hour	_____ more than 1 hour

How did your actual instruction differ from the lesson plan provided in the ESR III curriculum?

LESSON 2: Page Number _____

	TEACHING	PREPARING
Approximate time spent:	_____ less than one-half hour	_____ less than one-half hour
	_____ one-half - 1 hour	_____ one-half - 1 hour
	_____ more than 1 hour	_____ more than 1 hour

How did your actual instruction differ from the lesson plan provided in the ESR III curriculum?

H. Overall, how easy or difficult was it to use this curriculum?

Very Easy	Moderately Easy	Slightly Difficult	Very Difficult
1	2	3	4

I. How could the ESR III curriculum be made more useful?

J. Please indicate the page number(s) of the introductory material and/or the appendix section of ESR III that was most useful.

1. Introductory material: Page number(s) ______________________________

____

2. Appendices: Section(s) ______________________________

____

K. How was the ESR III curriculum made available to you?

____

____

L. At your school, how do you think teacher usage of ESR III could be improved?

____

____

____

____

M. How easy or difficult was it to get this curriculum accepted by the following groups of people?

	Moderately Easy	Slightly Difficult	Very Difficult
Other teachers	1	2	3
Parents	1	2	3
Administrators	1	2	3
General Public	1	2	3

Comments: ____

____

____

____

THE STATE OF TEXAS

CU3-301-03

Texas Education Agency
1701 North Congress Avenue
Austin, Texas 78701-1494

FALL 1992

BEST COPY AVAILABLE